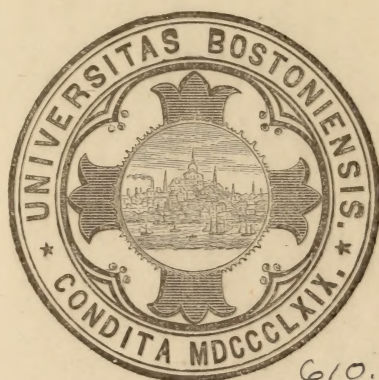




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No. I.

Original Department.

THE DOMAIN OF SIMILIA.

BY J. P. DAKE, M.D., NASHVILLE, TENN.

MOST of the opposition to the acceptance of the homœopathic principle among medical men of education and candor, as well as much of the dissension among those who claim to recognize it as a practical guide, has come from a misapprehension of the field and the means embraced under its control.

Exceedingly misty, and many times absurd, have been the conceptions of it, as placed before the public, by medical writers.

I am persuaded that a great number of men who assume the position of leaders in medicine, as well as in other departments of human learning, and who talk and write much of *principles* and *laws*, fail to have a definite idea of what is expressed in those terms. Some seem to regard physical principles as "heaven-born" and revealed to man from above and beyond and independently of his own studies and endeavors, as ordinances at once infallible and universal. They would require an unquestioning acceptance of such revelations, and a childlike adoration of the persons through whom they are made known.

It is clear that such leaders are mistaking the natural for the supernatural, and the scientific for the religious.

Not questioning the wisdom and power creative, we occupy the standpoint of persons observing, gathering and comparing things or facts, as they appear to us, in order to learn their character and uses.

To retain in memory and at command, each individual

thing or fact presented, so as to know its place and practical importance upon all occasions, is simply impossible; and hence the necessity of classification, the putting together of things alike, and of generalization, or the grouping of facts for the discovery of principles.

A class is but a collection, under some appropriate name and description, of a number of individual things which are alike; and so a principle is but an expression, or the language of a number of facts, each telling the same story. The classification of things and the generalization of facts, going hand in hand, have given to the world what we denominate *sciences*.

The science of botany, for example, is the exhibition of what we have come to know of the resemblances of plants and the principles of vegetable life; the science of optics, of the facts and principles relating to light and vision, etc.

As the objects and facts in one department of knowledge are different from those in another, so the principles deduced from them must be different.

The principle in botany, *that heat and moisture are necessary to the germination of a seed*, has no place and can be of no use in mineralogy, nor can the principle in optics, *that rays of light proceed in straight lines*, be recognized or found applicable in botany.

Thus we find not only a necessity for *principles*, but likewise that, each principle has a *domain* peculiarly its own, and outside of which it is of no consequence whatever.

Now, in medicine, I need not here speak of the classification of drugs and the deduction of therapeutic principles from clinical experiences, and the formation of systems and schools.

Suffice it to say that, Hahnemann discovered the universality of the principle expressed in the terms, *similia similibus curantur*; that affections in the sick are removed by agencies capable of inducing similar affections in the well.

The term *universality*, in this connection, does not imply that Hahnemann's principle was ever supposed by him to apply to everything in the universe, nor even to all the diseases of human kind.

He knew better than many of his followers seem to know, the limitations of his law.

Professor Jevons says: "In a scientific point of view, general principles must be universal as regards some distinct class of objects, or they are not principles at all."

Now we come to consider in regard to what class of objects the homœopathic principle is universal.

Advancing by the method of exclusion I may say :

1. That it relates to nothing but affections of health.
2. That it relates to no affections of health where the cause is constantly present and operative.
3. That it relates to no affections of health which will cease after the removal of the cause by chemical, or mechanical, or hygienic means.
4. That it relates to no affections of health occasioned by the injury or destruction of tissues which are incapable of restoration.
5. That it relates to no affections of health where vital energy, or reactive vital power, is exhausted.
6. That it relates to no affections of health, the likeness of which may not be produced in the healthy by medicines or other agencies.

I need not stop to explain nor enforce these propositions, since they must be apparent to every reader at all versed in the writings of Hahnemann and the general literature of homœopathy.

Looking over the field of human ailments, now, to see what is left after the exclusion of all the classes I have mentioned, we find yet one class, namely, *human affections similar to those producible by medicines and other agencies, existing in organisms having the integrity of tissue and reactive power necessary for recovery, the efficient causes of the affections having ceased to operate.*

Here we find the domain of *similia*—the distinct class of objects, the affections, regarding which it is a *general principle*, and in the treatment of which it is a *universal law*.

And looking again, this time in the direction of medicines and other agencies capable of influencing the human organism, as to health, and advancing as before, by the method of exclusion, I may say :

1. That Hahnemann's law relates to the action of no agents affecting the organism chemically.
2. That it relates to the action of no agents affecting the organism mechanically.
3. That it relates to the influence of no agencies affecting the organism hygienically.
4. That it relates to the action of no agents destroying the parasites which infest or prey upon the human organism.

I presume I need not spend time to demonstrate these propositions. They cannot be disputed.

Looking over the armamentarium of the therapist, for the agents not excluded, we find one class remaining, namely :

those agents which affect the organism, as to health, in ways not governed by the laws of chemistry, mechanics or hygiene, producing ailments similar to those found in the sick.

Here we come to the domain of *similia* again, by a different route, and find the distinct class of agents, regarding the action of which, in disease, it is a *general principle*, and in the employment of which it is *the paramount law*.

When the therapist comes to the use of this class of means, in the treatment of the class of ailments which I have shown to be in the domain of *similia*, he must recognize and faithfully obey Hahnemann's law or fail in the accomplishment of cures.

And when he employs this class alone, in affections calling for chemical antidotes, or mechanical measures, or hygienic influences only, he is invading another domain and infringing other laws, and must experience miserable and disgraceful failures.

As well might the botanist attempt to follow a principle in optics, or the mineralogist a principle in biology in the pursuit of his occupation.

Similia has its peculiar domain, in which it is a general principle, and its system of medical practice in which it is a universal law.

Outside of that domain it has no applicability, no meaning, and is simply nothing.

Extravagant claims in its behalf do but mislead its votaries and disgust men of learning and candor, to whom it will be in the future as in the past, a stumbling-block in the way to Homeopathy.

It may suit the cunning partisan, fattening upon sectarian differences, and the zealot, of contracted vision and enthusiasm infinite, to toss their hats and shout, in the face of all learning and all honesty: "*Similia! the all and in all of therapeutics! we want nothing but SIMILIA!*"

But they who appreciate principles in science, and laws in nature, are sober, modest, and friendly—patient, persistent, and progressive—as ready to forsake the false as to embrace the true, and always satisfied that the right must prevail.

THE USE AND ABUSE OF THE PLASTER OF PARIS JACKET.

BY J. H. McCLELLAND, M.D., PITTSBURG.

WE mean of course the plaster of Paris jacket as introduced to the profession by Sayre, of New York, and with special reference to Pott's disease of the spine.

Since the new era in the treatment of this affection—for we may justly say the advent of this method marks a new era—sufficient time has elapsed to enable the profession to apply the practical test of experience.

This brief paper may serve as a small contribution to that general stock from which inferences and conclusions are drawn.

The Sayre method was not modestly ventured forth to meet with gradual acceptance as further developed, but rather like Minerva leaping from the brain of Jupiter, it was mature and in full armor, a startling reality, arresting at once the attention of those whom it concerned. Heralded as an almost universally successful means of treating a most troublesome affection, suitable for almost all classes and conditions, no wonder “every fellow” with a crooked back, or who threatened to have a crooked back, was captured and put in a strait-jacket. I question whether any special means of treatment were ever more rapidly put in practice. As a result, almost every practitioner has had opportunity to observe its brilliant successes and signal failures; to witness to some extent its *use* and *abuse*. Time will still be required to draw the line accurately. Let us for a moment consider the disease in question and its requirements.

Caries of one or more of the vertebræ is the disease—inflammation ending in ulceration or softening. While admitting that the exciting cause is nearly always traumatic, I still contend for a constitutional predisposition in most cases, thus running counter to Sayre and his coadjutors. The reasons for this belief it is expedient to notice at this time.

The initial inflammatory process and subsequent softening, as well as the participation of adjoining vertebræ, are all favored by the pressure of a superincumbent weight. A favorable ankylosis is also defeated by the great mobility of the parts. The general health suffers from enforced confinement unless an interposition of art overcomes the difficulty. Moreover, interpositions of art are rendered difficult and often defeated by the incessant movements of the thorax and adjacent parts, made necessary by respiration, and the extreme mobility of the shoulders upon the trunk.

It is plain, then, that successful treatment makes necessary the more or less perfect fulfilment of the following indications, viz.:

1st. Immobility, to aid in arresting the inflammatory process and secure ankylosis.

2d. Extension, to remove the superincumbent weight, re-

lieve pain by separating inflamed surfaces, lessen deformity, or at least prevent greater, and to relieve paralytic symptoms by removing pressure from the cord.

3d. An apparatus that will admit of outdoor exercise.

4th. Internal remedies, not only for the constitutional vice, but for the local lesion itself.

The question of internal treatment is not under discussion, yet I must say parenthetically that, the exhibition of homœopathic remedies unquestionably hastens the cure of this disease.

Without stopping to inquire how far these indications are met by the older methods of rest in the recumbent position and the use of braces of various kinds, let us pass at once to the subject of Plaster of Paris. Does the Sayre jacket answer these indications?

In general terms, we may answer in the affirmative. We may safely say that better than any other means it answers these indications in the majority of cases.

The enthusiastic author has imparted much of his enthusiasm to the profession at large. His latest deliverance since his triumphal march through England is: "I use this jacket for spinal curvatures, lateral and angular, almost to the exclusion of all other means," averring further, "that it is not only applicable to almost all cases, but that it may be applied successfully by almost any person, so little skill is there required in its employment." And just here is one grave source of error. Dr. Sayre is known as a most skilful mechanic, indeed, something extraordinary as a *chirurgien*, in its original signification of hand-worker. Now what to him is perfectly easy and simple may be quite another thing to the general practitioner, and so it has happened that many plaster jackets have been bunglingly applied and irreparable damage done.

The plaster jacket possesses many points of merit not common to other means of treatment. The suspension of the patient during its application secures a certain amount of extension, separating inflamed surfaces and reducing the degree of curvature. Susceptible of being accurately conformed to the shape of the body, the extension obtained during suspension is measurably secured. The most important point gained, however, is *immobility*, and that in a manner rather to facilitate out-of-door exercise than to curtail it.

As compared with braces of various kinds, the jacket is certainly superior, especially where softening and deformity have taken place. Here it is desirable to have immobility in order to hasten ankylosis. Many braces make direct pressure upon

the projecting bone for the purpose of lessening the deformity. The effort is futile. The attempt to raise the superincumbent weight by a crutch arrangement also signally fails for obvious reasons. Where the jacket itself is insufficient, the jury-mast is the efficient means at our command.

Now granting that in a fair majority of cases a properly applied plaster of Paris jacket offers the best mechanical means of treating Pott's disease, the indiscriminate use and malapplication constitute the abuse of this method.

Dr. Knight, of New York, and some others of note have never yielded favorable assent to this plan, denying its efficiency and even denouncing it as hurtful. They contend that the interference with respiration is a grave fault, and the long imprisonment of the trunk as fraught with much evil.

As a rule, respiration is carried on with comparative comfort by the diaphragm, and little harm comes of confining the body, but exceptionally the interference with respiration is most disastrous and the imprisonment of the body for a long period scarcely less so. In very weakly children, especially where respiration is feeble and embarrassed, the jacket proves most injurious. I have seen the general health much impaired and pulmonary lesions greatly increased in this way.

Although apparently easy of application, as claimed by Sayre, I have seen frightful excoriations and ulcerations result from the plaster jacket, even when applied by surgeons of merited reputation. I may say five or six such cases have come to my notice. In seeking for the causes of these unfortunate complications my attention was arrested by the fact that, notwithstanding the bandage might be in the main tight and well applied, the chest retained considerable of its motion, even in some instances compelling the shell to rise and fall with the respiratory effort. The friction permitted thus produced the abrasions. It is well, therefore, in applying the bandage to have it closely conformed to the pelvis as the point of support to the back, sides of the chest, especially upper portion, and across the upper chest, where movement is least necessary.

But when all is done I believe a most excellent therapeutic measure is abused in its uninterrupted use, *i. e.*, by allowing it to remain undisturbed for several months. In order not to interfere with respiratory movement, Dr. Sayre at first opened the shell in front, bringing it together again with *elastic bands*. Further trial (1874) convinced him that this would not do, as immobility was the desideratum, and this permitted considerable motion. Nevertheless, I strongly recommend the opening

of the jacket within a few days of its application and at intervals of a week or two thereafter. My plan differs from the above-mentioned of Sayre in this: After inspecting and bathing the body, and correcting defects in the jacket, if there be any, I bring it together and keep it in position by a single bandage, thus maintaining the integrity of the jacket, and yet making its removal an easy matter. I am in this way enabled to prevent injurious pressure or friction, avoiding abuse of the patient, if not of the jacket.

We pursue this plan in the case of a broken leg, where the parts are at rest, how much more necessary with the compressible and moving structures of the trunk.

In the first stage of this disease I think the jacket rarely necessary. The braces of Knight, Davis, or Taylor, which lace down the front, are snug and firm, perfectly adjustable, and answer an excellent purpose.

ATONY OF THE UTERUS.

BY PROFESSOR E. A. FARRINGTON, PHILADELPHIA.

Mrs. — had long been troubled with retroflexion of the uterus. At about the third month of pregnancy, she was taken with symptoms that indicated an impending abortion. Digital examination detected the uterus so retroflexed as to be almost inverted. Its replacement was followed by instantaneous relief of the threatening symptoms. By frequent replacements, danger was averted until the uterus had grown out of the pelvis. The labor, which ensued in full time, was tedious, the pains exciting but very imperfect contractions. Caulophyl. did no good; Pulsatilla also failed. The labor, however, terminated without other artificial interference than some manipulation of the fundus uteri to excite its contractions. Hæmorrhage followed, which China controlled. The after-pains (this was her third pregnancy) were intense and seemed to call for Caulophyllum. This relieved for two days; but on the third, they again became worse, and this time were accompanied by ineffectual urging to stool and entire suppression of the lochia. There were no head symptoms, no fever, nothing to explain the cessation of the flow, except this persistent atony. Nux Vom.⁵⁰⁰, repeated with each new paroxysm of pain, relieved and developed the lochia; but it would again cease and finally at the end of three days, stubbornly refused to reappear. The

case had now reached its eighth day. The intermission of the lochia suggested Sulphur, but its use was followed by no relief, on the contrary, the symptoms grew more serious. There had been no lochial discharge for forty-eight hours. The patient was weak and feverish. She complained of an agonizing headache. It felt as though the face was being drawn towards the root of the nose, and then *backwards towards the occiput as if by a string*. The eyeballs were sore and pained on the slightest attempt at motion. The italicized symptom is found under PARIS QUADRIFOLIA (see Allen, vol. vii, and also Allen and Norton, p. 100). After the first dose of the 30th, the discharge returned. Two hours later, following the second dose, the headache perceptibly diminished, ceasing entirely after the third dose. The remedy was then suspended. The lochial discharge, though somewhat fitful in its flow, continued the usual two weeks.

A VISIT TO SALPÊTRIÈRE.

BY W. H. WINSLOW, M. D., PITTSBURG.

(Read before the Allegheny County Homœopathic Medical Society, November, 1878.)

It was one of those incomparable Parisian days—clear, cloudy, and cool, with the balmy breezes of an American June wafted into the middle of August—that I took a cab to visit Salpêtrière, the renowned hospital of Paris, where Trousseau and Charcot have immortalized themselves by neurological researches, and where, in imagination and thought, I had been thousands of times before.

Down the Avenue de l'Opéra, across Pont Neuf, along the Quais of the south bank of the Seine, past the Jardin des Plantes, up the Boulevard de l'Hôpital, and we rumbled over Belgian blocks, which paved an open triangular square, shaded by chestnut trees, and called the Place de l'Hôpital, and drew up at a wide-arched doorway, which perforated the walls of a building.

This building was a long, low, two-story structure, dingy and ancient in appearance, and was joined at each end by the high stone wall, which surrounded the grounds of the institution, once the site of a saltpetre manufactory, from which the famous hospital takes its name. "La Salpêtrière," said cabby.

"Attendez!" said I, as I alighted, and touching my hat to the gendarme, who was pacing across the portal, I demanded permission to enter. I was directed to a small office on the left hand, to see the superintendent.

"Have you permission from the Commissary-General?"

"No, but I am an American physician, and want to see all the great medical institutions of Paris."

"Monsieur will give me his card, and I will send it to the *médecin-en-chef*, and he will no doubt give the necessary permit."

A porter, in semi-military costume, disappeared with my card, and soon returned with a printed form properly filled out; I registered my address in the visitors' book, and a guide was sent with me through the establishment.

I entered a large court, then another, and another, surrounded by the same style of buildings as the one I had first noticed, and having arched doorways, large enough for carriages, for communication between the courtyards.

These old, cracked walls, low ceilings, small windows and doors, rough plaster partitions, and ceilings thick with countless whitewashings, worn floors and rickety stairs, the poor-house of Louis XIII, constituted the famous hospital, where I had expected to find a palace. This was the home, the asylum for nearly five thousand decrepit women, suffering from manifold diseases. One building occupied by insane persons, was so near falling over that poles were placed against its inner walls to hold it up. The courtyards were spacious and covered with green turf, and there was quite a field, rank with weeds, to the rear of the buildings, used principally for drying clothes. To the right of the group of quadrangles, there was a large grove of tall chestnuts, a fountain and basin, some statuary, many fine shady walks and convenient seats. I inspected enormous rooms for washing and drying clothes, the laundry, the great kitchens and storerooms, and the wards of the quadrangles, one by one. I saw patients sewing, knitting, reading, holding their hands and sleeping, just as they do in all hospitals. The wards seemed crowded by the high iron bedsteads and chairs. I estimated that each patient had about thirty-two square feet of floor to herself. The ventilation from the numerous windows was good, and I could detect no unpleasant odor.

There were numerous cases of insanity, forty-four of cancer, eighty-three of paralysis, and two hundred and eighty-five patients with epilepsy of all degrees of severity, from the simple *petit-mal* to the terrible *hystero-epilepsia*, in which the body is so wrenched, and the features so hideously distorted.

It was pleasant to turn from these sufferers to the gray-

haired, placid, motherly old ladies in white caps and spectacles; they seemed so pleased at even the slightest attention.

The general appearance was clean, comfortable, peaceful, antiquated.

Removed from the sounds of the great city, only the internal administration of the hospital would interest, stir the melancholy mind, or irritate the choleric. One could there rest free from excitement, but I should think become frantic at the monotony.

This was a pleasant home to many near the bottom of the incline of life; to me it seemed like *durance vile*.

At the right of one of the quadrangles, an open space led to the grove, and here were some more modern buildings. I was conducted into one of these, the anteroom to Professor Charcot's clinic or treatment-room, learned that he was inside, and sent in my card. In a few minutes he came out, and said in a deep, even voice: "I am glad to see you. I am always glad to welcome Americans, because they take great interest in nervous diseases."

Professor Charcot is heavily built, not too fleshy, about five feet ten inches high. His face is square, without beard, and black hair, tinged with gray, clusters around the temples of a well-developed forehead. His skin is dark as a Moor's, and his black penetrating eyes and quiet manner impress one with his latent powers of mind.

Professor Charcot stands pre-eminent as the first neurologist of the century. He devotes much time to Salpêtrière, where he finds every variety of neuroses, and where he carries out all the various and complicated methods of medical and physical treatment, dictated by experience or theoretical reasoning.

It is well known that he promulgated some rather startling notions upon metallo-therapy, last year, which, on account of his prominence, and their strangeness, attracted universal attention.

As long ago as 1847-53, a Dr. Burg noticed some remarkable effects from contact of certain metals with the skin of patients suffering from a variety of nervous affections, and undertook experiments, in the Hotel Dieu and elsewhere, to prove that certain metals applied to the skin would cure many nervous diseases. He was enthusiastic, made a bad selection of cases, and had indifferent success; but he showed that disorders of a hysterical type, such as hemi-anæsthesia, amyo-

themia, and convulsions could be improved, and even cured, by his metal treatment. Here is one of his rules for selection:

"The best agent known, the action of which almost never fails, is a metal which is a good conductor of electricity, and that, according to certain affinities still a mystery to us, is in some cases copper, in others steel, in others silver, gold, etc."

He applied bands of the metal to the extremities, around the forehead and chest.

Dr. Burg's frequent failures seem to have discouraged him, and we find little more upon this subject until last year, when it was again brought to the notice of the profession, and sanctioned by no less a name than that of Professor Charcot.

An excellent report of the whole matter may be found in the *United States Medical Investigator*, vol. vii, p. 507, translated from the French by my friend, Professor R. Ludlam, of Chicago. I append here a condensed report of the method and principles involved.

The metal suitable or specific to the case must be found by trying several upon the skin. When the right one is applied, the patient becomes uneasy and agitated. A few disks fastened together, as a metallic bracelet, are applied to the affected limb, or even tied around the neck. In from ten to twenty minutes the paretic part recovers normal sensibility and power, and the metal must then be taken off. The improvement remains some hours, or even days; then the paresis returns slowly, but does not reach so high a degree as before. Continuous treatment in this way finally results in a perfect cure. Now, if after the paresis has disappeared from applying the metal, you leave it in contact with the part, the trouble slowly returns, and reaches even a higher degree than at first.

When the metal is applied to any part of the body of a patient who has not quite recovered from the disorder, a temporary increase in the symptoms is noticed. Its application thus is the touchstone of a perfect cure.

In one case of hemi-lateral anaesthesia there was color-blindness in the corresponding eye. The metal was placed upon the arm, and color perception returned in a particular order, and they disappeared in inverse order as the symptoms returned.

The method of cure by applying metals externally has been denominated metallo-scopy.

It was deduced by Dr. Burg that the same metals which cure, when placed in contact with the skin, would act more effectually if given internally. Chloride of gold and sodium, Acetate of copper, Sulphate of zinc, and Chloride of iron were

given to patients susceptible to the bases of these compounds, with very excellent results. This is metallo-therapy.

Dr. Charcot, with the liberality of broad culture, gave Dr. Burg permission to try his method upon four of the most inveterate cases of hystero-epilepsia in Salpêtrière, cases which he had been treating for years by every method known to science, and without success.

The test was severe, but Dr. Burg knew more of the method than he did in 1847. Copper was given to one of the patients, and gold to three. After three months the copper case was cured, and the gold cases so much benefited that Professor Charcot was astonished, though he says he was only excited.

To his class he said: "I leave the facts with you. As for myself, I am brought very decidedly to this conclusion: that this question merits a very careful examination."

Dr. Jousset, of Paris, a homœopathic physician of eminence, deduces from the above statements a very strong argument in favor of homœopathy.

Professor Hammond, of New York, who is never content to see any one get ahead of him, and does not scruple to misrepresent facts, in order to favor his own opinions, treats this subject in a flippant and contemptuous manner. He alludes to Perkins's metallic tractors, Digby's powder of sympathy, and the od force of Reichenbach, and to other delusions which have been overthrown by science. He says these results of Burg and Charcot come from a state of expectant attention, in which the patient is placed by the physician.

Drs. Burg and Charcot do not excite expectant attention at all; they do not tell the patients what is expected of them, and, if they did, it would be impossible for a patient to pass through the varied changes caused by applying the metal.

I referred to the discussion of metallo-therapy in America, and told Professor Charcot that many thought the effects of metallic treatment pure delusions of the patients.

"It is very easy to refute upon paper," said he, "but has any one tried it upon patients? That's the only kind of argument worth considering. Let them try these metals upon *bond fide* cases, according to our methods, and then I will consider their statements."

I was invited into the treatment-room. It was about forty feet square, had windows on two sides, a wooden floor, and contained several long tables and chairs. Bottles of reagents, electro-magnetic, magneto-electric, and static electric machines, thermometers, dynamometers, electrodes, books, pamphlets,

etc., were lying about, and the walls were adorned by diagrams and six life-size crayon sketches of women in the different stages of hystero-epilepsia, with lots of other pretty things to gladden a physician's heart.

Several young doctors were present, but seemed very indifferent to the experiments with which the professor favored me, probably that one Yankee at least might understand his methods.

CASE 1.—An old lady, with athetosis in both hands, was treated by applications of static electricity. Her fingers gyrated like the arms of a windmill, and she was improving slowly.

CASE 2.—A woman, aged about thirty-five years, well nourished and healthy-looking, was next presented. She had a tonic contraction of the flexor muscles of the left forearm, which rendered it nearly useless, and she occasionally had clonic spasms of the same muscles. A large horseshoe magnet was laid upon a table, and the patient's *healthy arm* was laid beside one of the poles, about an inch distant. After ten minutes the flexors of this arm were in a tonic spasm, the fingers were stiff and hand useless, while the opposite arm had regained its normal condition. This arm had been much worse, and had greatly improved during the three months that she had been treated with the magnet alone for twenty minutes each day. Professor Charcot thought she would be cured in two or three months more.

CASE 3.—A woman, about thirty years old, apparently in good health, had total anæsthesia and amyosthenia of the whole right side of the body, which Professor Charcot proved by pushing a large needle through the web of the hand and pinched-up folds of skin of the arm, neck, and back, and by boring it through the scalp into the parietal bone and into the shoulderblade on posterior surface, and also by his finger in the throat. The paretic arm was placed upon a table, an inch distant from the pole of another large magnet. In about ten minutes the whole side recovered acute sensibility, the punctures began to bleed, and the other side of the body had become paralyzed, so that needle-punctures could be made without the patient flinching in the least degree. She was now permitted to return to her first right-sided anæsthesia, and then a few disks of zinc were fastened around her neck. In the usual time the dextral paresis had disappeared, and the patient remained in a normal condition for some hours.

CASE 4.—Another woman, plump and bright in appear-

ance, of about twenty-eight years, had total anæsthesia of the right side, as tested in the former barbarous manner. She could not recognize colors with the right eye, but could do so quickly with the left. The paretic arm was placed near the magnet with the same result as in the previous case. There was a transfer of the morbid phenomena to the well side, proved by free use of the needle, and the left eye became color-blind. Colored test-papers were now readily recognized by the right eye, but not at all by the left. After a return to the previous state, a bracelet of copper disks was fastened around the left arm, and the morbid condition soon entirely disappeared. Professor Charcot now looked intently into the patient's eyes, and she went into a slight convulsion, and then a state of unconsciousness that seemed like a trance or mesmeric sleep. A bar magnet was passed along the arms, but not touching them, and muscles responded to it by sudden contractions, and the patient moved and moaned. Pressure over muscles caused contractions in them, and passes of the hand near her face produced grimaces. The professor pressed firmly in the region of the right ovary, and the patient was immediately restored, as from a sound sleep. He stated that in cases of hysteria and hystero-epilepsia there was generally considerable tenderness and irritation of one of the ovaries, and firm pressure upon it would promptly terminate most attacks.

Thus terminated the most remarkable clinic which it has ever been my good fortune to witness. I thanked Professor Charcot for his very courteous treatment; told him I was too much amazed at what I had seen to make any comments, except I was convinced the results of metallic treatment could not be attributed to expectant attention nor to delusions.

In reflecting upon this subject a few thoughts have germinated worth recording. It is not within the bounds of probability that the metals, placed upon the skin, are dissolved and absorbed, to act internally upon centres of diseased action. Any attempt to support such a theory, and to make it an argument in favor of extreme attenuations of medicine, as done by Dr. Jousset, is strained, and will bring ridicule upon the cause it seeks to advance. The iron magnets did not touch the skin surface, yet they produced transfer phenomena with equal celerity.

A metal, if continuously applied to the skin, will cause (1) paretic symptoms to disappear temporarily; (2) will then bring them back; and then (3) will increase their intensity. A case

partly cured, as in the first stage, may be made worse by applying the metal long enough.

Dr. Jousset construes this as an example of a metal producing the disease which it will cure. This is illogical, because a person not perfectly cured is not a fit subject for a proving.

A metal applied externally, to which the patient is sensitive, will cure when given internally, and Dr. Jousset assumes a medicine given internally cannot act electrically, because it must be absorbed; ergo, the metal applied externally does not act by electricity. Is this logic? Is there any one under the sun who can tell us how medicines act? If the neural currents are correlated to electricity, can a metal be in contact with tissues and not influence nerve action?

Can metals be in presence of their affinity acids, as when early absorbed, and not undergo change and generate electricity? A union of an acid and base always generates it, and a little will go a long way, so that metals may act upon the human system electrically. I once passed a current of electricity through a field of blood, and watched with my microscope. At closing of the circuit, all the red corpuscles became like circular saws, full of teeth.

I saw Professor Barker, of the University of Pennsylvania, hold a bar of unmagnetized iron at a certain angle with the horizon and strike it with a piece of common board, and behold, it was magnetized, and he picked up tacks and moved the arm of the electrometer with it.

Magnetism and electricity do affect the human body. No one can prove that metals do not act upon it electrically, and absorption does not annihilate their properties. Cases enough are on record of accumulations in the tissues of mercury, silver, arsenic, copper, lead, etc., in a metallic state. There are many arguments to favor a magnetic and electrical action of medicines, but I will not venture farther. I believe the externally applied metals and magnets disturb the currents of electricity, magnetism, or vital force which have been diverted from the normal, and nature, relieved of an irritation, reasserts her power and control. There is no connection between this method of cure and that by internal medication with the same metal, unless it be magneto-electrical. That the same metal will cure when applied externally and internally seems to favor this hypothesis.

I need not remind you of the provings of Aurum, Cuprum, and Zincum, every one of which presents typical pictures of hysteria and its paresis. Now the old school, by much grop-

ing, have found out their value, and proclaim them as new discoveries with an imposing array of stage scenery. They might have found it out long ago, had they been liberal enough to hear truth that has been proclaimed almost from the housetop.

The application of these three remedies to the cure of certain hysterical disorders is one of the best illustrations of homœopathic therapeutics. We need not seek arguments from doubtful premises, when such a one is presented by the eminent French professor. I will not assume anything nor distort anything to favor homœopathy, because I am satisfied it is founded on science, and can be made impregnable by scientific methods.

AN OBSTETRICAL PROCEDURE.

BY VAN. R. TINDALL, M.D., PHILADELPHIA.

ABOUT a year ago my attention was called to an article in an English journal, in which the writer described an "Obstetrical Outfit." The *one feature* which most forcibly attracted my attention was his *basin* for collecting the amniotic fluids, placenta, and other discharges.

I immediately adopted his plan, and have been so much pleased with it that I want all my colleagues to be aware of it, knowing full well that a very few trials will make them wonder, why such a simple procedure has not been mentioned long ago in the textbooks. For the benefit of those not conversant with what I term "this nice piece of obstetrical practice," I pen this brief article.

At the stage of labor when it is deemed proper to puncture the membranes, I call for a common tin wash-basin, and place it as close as possible to the labia, the patient being in the usual side position.

I then puncture the membranes with my finger, and the fluids are all collected in the basin and emptied into another receptacle. If the membranes are very tense and the water likely to be expelled with considerable force, it is well to place a napkin over a portion of the basin nearest the accoucheur, or the waters may rush over the side, and thus soil the bed.

The basin can then be kept in the same position without any inconvenience to the patient or physician, thus receiving whatever may pass during the following uterine contractions.

As the child emerges from the vulva, I receive and steady

it with my right hand, allowing it to fall gently into the basin, which also receives the discharges that immediately follow the expulsion of the child.

After the child is detached and given to the nurse, the basin is made the receptacle for the placenta and other discharges.

Within the past few months, by this simple procedure, I have been enabled to leave my patient on a bed almost, if not quite, as clean as when she first laid herself upon it, instead of soiling a dozen towels and a whole tubful of clothes.

A CLINICAL CASE—ZINCUM VERSUS NUX VOMICA.

BY CHARLES MOHR, M.D., PHILADELPHIA.

ON the evening of March 17th, 1876, I was called to see a plethoric woman, *æt.* 45, suffering intensely with neuralgia involving the whole of the right side of the face. The motor branches were affected, giving rise to twitches, tremors, and, at times, long-lasting contractions of some of the facial muscles, causing the patient to present a ludicrous as well as a pitiable appearance.

I gleaned the following history: Whilst living in Baltimore, twenty-one years ago, she had several miscarriages; after the second one, during which she sustained some injury to the abdominal viscera by rough handling on the part of the attending physician, she became very anæmic and developed what Von Grauvogl denominates a hydrogenoid constitution. She was affected when the weather became damp or wet, and at the seashore, with neuralgic pains and oedematous swellings about the feet and hands.

During a later pregnancy her health improved some, but a tedious labor, said to have been due to rigid os, was followed by severer suffering, and especially in the region of the left ovary. The attending physician used manual assistance to effect delivery and is said to have injured her, as she experienced, at the time, a severe wrenching pain in the left iliac region, so intense as to have caused her to spring up in bed. Since that time she has never been free from a painful swelling just over the region of the left ovary. At each menstrual period thereafter the swelling was decidedly increased and became so sensitive that it could not be touched, though relief was obtained by the steady pressure of the hand or of a broad pad and bandage. Along with the ovarian irritation, she

suffered with aching and soreness along the spine in the upper dorsal and cervical regions, and later in the attacks would have intense pains in the whole right side of head and face.

Percussion over the spinal cord in the regions mentioned, revealed several sensitive spots. Strong pressure on these would produce clonic spasms, whilst pressure with the point of a finger over the site of the left ovary would give rise to a tonic spasm. The pains in the right side of face were paroxysmal, coming on suddenly, lasting for a long time, and then suddenly ceasing. They were cramplike and tearing in character in the side of face, and of a shooting nature through the eyeball, from within outward, attended with much lachrymation, reddened conjunctiva, and dilated pupil. The right side of the nose felt stuffed up, with a feeling that, as she expressed it, "if a running (coryza) would only begin, I'd feel relieved." Eyelids felt heavy, patient was drowsy but unable to sleep, owing to the frequent paroxysms of pain. The suffering was experienced most at about 3 P.M., 11 P.M. and at 3 A.M. She could bear neither light nor noise, the latter making her so nervous that she "felt like jumping out of her skin." Menses regular as to time, but too profuse; for first day or two the flow was very dark, clotted, and offensive, always worse when walking; at night less coagulable, brighter, and freer, and when *quite free* relieving many of the symptoms. After the menses she had a leucorrhœal discharge, yellowish, greenish, and sometimes dark, excoriating the vulva and inner thighs and corroding the linen, lasting variously three to five or seven days.

Whilst in Baltimore she frequently had the neuralgia of face between the menstrual periods. About twelve years ago she removed to Brooklyn, where the suffering was as great, but she had little to complain of between periods. In 1868 she gave birth to another child (the last one), but, contrary to the prognostications of her physicians, she did not improve. After spending several years in Brooklyn she came to Philadelphia, where she suffered still more intensely than she had in Baltimore or Brooklyn, and, added to her other troubles, had frequent attacks of indigestion, being unable at times to eat any kind of food without causing great distress.

Here then was a patient enlisting my heartiest sympathies; she had been more or less a constant sufferer for about twenty years, and, though she changed the locality of her residence twice and had employed "the best talent" in the allopathic school in three cities, the much-coveted relief did not come.

The diagnoses varied somewhat; several physicians called it ovaritis; some spinal irritation; others hysteria, and still others neuralgia, whilst one said the troubles arose from slight prolapsus uteri and ulceration of the os, and treated her accordingly with pessaries and caustics.

The treatment varied more than the diagnoses. Innumerable drugs were prescribed, electricity employed, frequent change of air advised, and counter-irritation resorted to with fly-blisters. So far as medicines were concerned she fared somewhat better during the latter two or three years in Philadelphia, as part of the time she had homœopathic treatment. The only relief, however, from the violent paroxysms was obtained (both by the allopaths and homœopaths) by the employment of Morphia, put into the stomach or subcutaneously injected.

The first request made by the patient was, "Doctor, do give me something to relieve the agony I am in, but don't use Morphia if you can help it." Assuring her that I would do my best, I hesitated between *Belladonna*, *Lachesis*, and *Zincum*, but after some thought decided on *Belladonna*, not because I believed it to be the *similimum*, but because it was indicated, especially by the *later* symptoms, at the same time being an antidote to the narcotic which had been oftenest employed. The potency I selected was the 40^m, believing she had had enough *Belladonna* low, because she had been under the care of homœopathic physicians, who certainly must have given it. I gave a dose at 7 A.M., and one dose just before 3 P.M. to ward off the usual afternoon aggravation. In the evening I saw her again, found her better, and the next morning (March 18th, 1876) entirely relieved, and I was informed that she had slept all night. This, she told me, was the quickest relief she had ever had.

On April 1st, I saw her again, reviewed the case carefully, and decided to prescribe *Zincum*, which most nearly met every indication, and I gave one dose of the 200th potency. The April period was passed without much suffering, but the subsequent days, to May 10th, were miserable ones, she being troubled more or less with the swelling in left side, the aching in spine, and with the head. After the menses on May 10th, she complained of some sore throat, seemingly indicating *Belladonna*, of which I gave a dose of the cm. potency. The sore throat got better, but the *Zincum* symptoms continuing, I gave another dose of *Zincum*²⁰⁰ on May 28th. After this time, until October 14th, 1876, she had very little suffering, but on

that day I was called in to prescribe for her "dyspepsia," and she informed me that a former physician used to give her *Nux vomica*. I thought the medicine named nicely indicated, and prescribed a few doses of *Nux vomica*³ in water, but to my utter astonishment, the medicine was followed by an aggravation of all the old symptoms for which *Zincum* had been prescribed, and for some days she suffered intensely.

This experience set me to thinking out the cause of so violent an aggravation, and learning (not known to me before) that she had taken repeated doses of *Nux vomica* on several occasions between April 15th and May 10th, accounting for the distress experienced during that time, I concluded that all the aggravations were due to the inimical relations *Nux vomica* and *Zincum* bore to each other. I then interpolated a few doses of *Ipecac*³, and on October 22d, 1876, gave another dose of *Zincum*²⁰⁰. After this time my patient's sufferings were very trifling; an occasional dose of *Belladonna*, *Gelsemium*, *Lachesis*, or *Zincum*, as the nature of the symptoms arising during two years indicated, being all-sufficient to restore the equilibrium. On October 17th, 1878, however, I was again sent for and found her troubled with "dyspepsia," due to eating improper food; the symptoms indicated it, and, forgetting my experience of two years before, I prescribed *Nux vomica*³⁰, which was followed by the production of many of the old ovarian, spinal, and *tic douloureux* symptoms, and, in great distress, she told me on November 10th that she believed all her old troubles were returning. At that time, believing it was necessary to interpolate another remedy before again prescribing *Zincum*, I gave a dose of *Silicea*²⁰⁰, on learning that the headache and neuralgic symptoms were worse at night, the headaches partly due to severe mental labor (the patient is a teacher and authoress), and all relieved by wrapping the head warmly. I saw the patient at date of this writing (December 4th, 1878), and found that the *Silicea* had promptly relieved her. *Zincum* may be necessary again; the future symptoms, however, will decide.

This case is an interesting and instructive one, and if it does not establish that *Nux vomica* and *Zincum* are inimical, it does prove that *Nux vomica* is inimical to my patient and should never be given to her.

HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA.

THIS society held its fourteenth annual session at Pittsburgh, September 25th and 26th, 1878, President H. N. Guernsey in the chair.

The other officers of the society, members from different parts of the State, and visitors from neighboring States were present. Dr. L. H. Willard, of Allegheny City, President of the Homœopathic Medical Society of Allegheny County, welcomed the State society in a brief and witty speech, amongst other things saying: "We cannot say our city is remarkable for beauty or architectural elegance, nor for the width of its streets, nor for the smoothness of its sidewalks, but what other city can boast of such smoke? Where else can you find such mills, such furnaces, such an atmosphere, so much oil upon the troubled waters? If such things do not, surely they ought by the rule of contraries, to make us purer and more refined in our ideas. Our darkness ought to show worlds of light, and even this smoke form torments which may in some unknown way be for our good.

"I hope our meeting may result in good to ourselves, to the science and literature of medicine, but most of all to suffering humanity.

"In our discussions I hope we may be prompt and to the point in our sayings and doings, that our meetings, like our medicines, may comprise much in little, that our sessions may be pleasant and profitable to all, that our aims and aspirations may be higher than before, so that with disregard of self we may rise on stepping-stones of our dead selves to higher and nobler things."

After the address the routine business of the society was transacted.

Ignacia Pereira, M.D., of Bogota, S. A., was elected a corresponding member, and J. Maurer, of Washington, Pa., and Dr. P. S. Duff, active members of the society.

Dr. J. H. McClelland gave a favorable report of the Pittsburgh Homœopathic Hospital; Dr. J. K. Lee said the Philadelphia County Medical Society was waking up to greater work and usefulness; Dr. W. R. Childs reported the Allegheny County Anatomical Society flourishing in elegant rooms, having frequent lectures and plenty of material.

Dr. R. J. McClatchey informed the society of the addition of a new lecture-room and of the favorable prospects of the Hahnemann Medical College, of Philadelphia, and Dr. H. N.

Guernsey made a report of visits to several homœopathic institutions, which was referred to the Committee on Publication.

BUREAU OF MATERIA MEDICA.

Dr. Ad. Lippe presented a ponderous paper from Dr. Swan, on "Proving of Lac Caninum." Dr. McClelland objected to the receipt of the paper, because Lac caninum was not a constant article, varied with each individual dog; and because it was an imposition for an outsider to ask the society to publish such a lengthy paper. Dr. McClatchey stated that Dr. Lippe was not a member of the society. The paper was rejected.

It was found, to the astonishment of many, that the chairman of the bureau was not a member of the society, so a crab-like proceeding was inaugurated, and the learned gentleman elected. The paper was then reconsidered, and Dr. Lippe's notes were referred to the appropriate committee.

Prof. E. A. Farrington presented an excellent proving of Ferrum iod., which was referred.

BUREAU OF GYNÆCOLOGY.

Dr. B. F. Betts presented, from Dr. C. P. Seip, a paper on "Prevention of Conception as a means of Diminishing Pauperism." This was an embodiment of the Malthusian ideas in a measure, but rather more original and radical, and it awoke an animated discussion of some warmth. Dr. Seip sustained his positions well, and said, "No perverted morals should close the eyes of the profession to the facts presented." The subject was smothered temporarily by a resolution from Dr. Lee, but will be awakened when the remarkable paper is published. We presume few present had read the works of Dr. Malthus, or that persecuted book, *Anne Besant*.

"A Clinical Case," by Dr. Harriet J. Sartain, excited much interest.

BUREAU OF OBSTETRICS.

Dr. D. Cowley presented "Urethritis," by Dr. D. Cowley.

BUREAU OF CLINICAL MEDICINE.

Dr. Aug. Korndoerfer presented "Treatment of Yellow Fever," by Dr. B. W. James. Several gentlemen gave reports from reliable authorities South that the deaths from yel-

low fever treated homœopathically had been only from four to ten per cent., a much less fatality than under the old-school methods. Drs. Holcombe and Falligant had treated over a thousand cases each, and had lost only about four per cent. Dr. F. had treated over one hundred cases of the hæmorrhagic type without a single death. All these statements can be proved by a cloud of witnesses.

Dr. B. W. James offered the following resolution :

WHEREAS, The yellow fever has been unusually prevalent the past summer, and has assumed many new features and been extremely fatal, and

WHEREAS, Homœopathic treatment has been very successful in the past ; be it

Resolved, That this society recommend the collection of all data and facts bearing upon the disease and its treatment, and that it solicit written articles of the same from all physicians of our school who have treated the disease.

Resolved, That a committee of three be appointed on yellow fever, with a view to writing up the subject, and to co-operate with other societies in an inquiry into the cause, nature, contagiousness, diagnosis, and most successful treatment of yellow fever, and the best quarantine measures against it, and the prevention of epidemics of the disease.

Drs. B. W. James, H. W. Fulton, and J. M. Maurer were appointed such committee.

Dr. W. J. Martin, of South Pittsburg, read a paper on "The Use of Cyanide of Mercury in Diphtheria." This was upon a very important subject, and occasioned much discussion. The cyanide has considerable evidence in its favor, but must not become fashionable.

Dr. J. S. Rankin gave an excellent paper on "Rabies," and Dr. T. L. Bradford one on "Croup."

BUREAU OF CLIMATOLOGY.

Dr. B. W. James presented "Climatology of the Health Resorts of Pennsylvania and Meteorological Reports of Philadelphia."

This ended the business of the first day, and the members, as guests of the Allegheny County Homœopathic Medical Society, spent a pleasant evening at the Exhibition.

BUREAU OF SURGERY.

Dr. J. E. James called upon Dr. L. H. Willard, who read a paper on "Diseases of the Rectum." Dr. Guernsey made some severe strictures on the subject, because of the local ap-

plications and selection of the medicine from local symptoms, and said the substance of the paper might be found in any allopathic work. If such papers were to be presented to the Homœopathic State Society, he would never come again.

Remarks were made by Drs. McClelland, Seip, and others, indorsing the paper and affirming the necessity of giving the pathology of a disease in order to treat it in its entirety; then Dr. Willard said the same plan of selecting remedies from the local symptoms had been followed, as in Dr. Guernsey's work on *Obstetrics*, which Dr. G. thought decidedly personal. Mutual explanations were made, and oil spread on the troubled waters.

Dr. W. R. Childs read a paper on "Hæmorrhoids," prepared by Drs. Childs, Burgher, Edmundson, Caruthers, and Martin, as the contribution from the Allegheny County Homœopathic Medical Society. It was exhaustive of the subject and the reader, and will form a valuable monograph for reference.

Dr. J. H. McClelland read a paper on "Use and Abuse of the Plaster of Paris Jacket in Treatment of Spinal Diseases." (See current number of this journal.) The author recommended to saw through the jacket after it has hardened, so that underlying parts could be frequently inspected. Several members approved the suggestion, though Dr. Seip thought if the bandages were put on with care there would be no trouble.

A paper on "Nasal Calculus," by Dr. J. C. Morgan, was read, and the unique specimen inspected. Around a nucleus formed by a cherry-stone was a solid rough concretion of lime salts. The foreign body had been in the nose some years.

Dr. J. E. James read a paper on "Treatment of Caries by Local Applications of Carbolic Acid." We hardly accord originality to a method which has been used by old-school surgeons for many years. Its merit is unquestioned, and the paper valuable as calling attention to an easy and successful mode applicable to less severe cases.

BUREAU OF OPHTHALMOLOGY AND OTOTOLOGY.

Dr. W. H. Winslow, the chairman, being absent in Europe, Dr. M. M. Walker, Secretary, presented "Our Imperfect Eyes," by Dr. W. H. Winslow, and "The Abuse of Vision," by Dr. B. W. James.

Dr. M. M. Walker tendered his resignation as Recording Secretary, having served five years most faithfully. His resignation was accepted, and he made Emeritus.

An election for officers for 1879 was now held, bureaus were filled, and delegates appointed.

OFFICERS.

President.—L. H. Willard, M.D., Allegheny City.

First Vice-President.—M. M. Walker, M.D., Germantown.

Second Vice-President.—L. M. Rousseau, M.D., Pittsburgh.

Corresponding Secretary.—J. C. Guernsey, M.D., Philadelphia.

Recording Secretary.—Z. T. Miller, M.D., Pittsburgh.

Treasurer.—J. F. Cooper, M.D., Allegheny City.

Censors.—Drs. R. J. McClatchey, H. H. Hofmann, and J. H. McClelland.

Committee of Arrangements.—Allegheny County Medical Society.

Committee on Publication.—Drs. McClatchey, Walker, Guernsey (J. C.), and Cooper.

Committee on Subscription.—J. F. Cooper, M.D.

Committee on Legislation.—Drs. McClelland, J. K. Lee, and S. T. Charlton.

BUREAUS.

Materia Medica.—Drs. J. K. Lee, E. A. Farrington, W. J. Martin, Ad. Lippe, J. F. Cooper.

Gynecology.—Drs. J. C. Burgher, J. H. Marsden, B. F. Betts, C. P. Seip, J. E. Jones, and W. H. Kern.

Obstetrics.—Drs. R. J. McClatchey, A. R. Thomas, W. T. Edmundson, Millie J. Chapman, Harriet J. Sartain, M. Friese.

Clinical Medicine and Zymoses.—Drs. J. S. Rankin, A. Boley, C. Mohr, A. Korndoerfer, W. A. D. Pierce, and D. Cowley.

Ophthalmology and Otology.—Drs. W. H. Winslow, C. M. Thomas, C. C. Reinhart, R. E. Caruthers, and W. C. Goodno.

Climatology.—Drs. B. W. James, H. E. Reinhold, T. M. Strong, A. C. Reimbaugh, and J. S. Crawford.

Surgery.—Drs. W. R. Childs, J. H. McClelland, J. E. James, M. Macfarlan, and J. C. Morgan.

Historical Committee.—Drs. J. C. Guernsey, H. E. Reinhold, M. M. Walker, E. J. Lee, and Stephen Woods.

Delegates to the American Institute of Homœopathy.—Drs. H. N. Guernsey, C. F. Bingaman, A. Korndoerfer, and Thomas Moore.

Place of Meeting, 1879.—Cresson Springs, Pa., the last of September.

The meeting was instructive and pleasant, but there was a wonderful deficiency of the profession of our midship countries. Doctors lose much knowledge and practice staying at home. The best men go to our meetings, and one gets wisdom there boiled down to a solid extract. The acquaintances made there are often of great advantage. Americans are always travelling around, and one is frequently asked by a patient, "When I go to Podunk, what doctor shall I call in if I get sick?" Now you have met Dr. Punctual at Point Comfort, so you reply, "Why, Dr. Punctual, of course. He is well read, always comes to society meetings, and I have every confidence in him."

The progress of homœopathy, nay, its very life, depends upon keeping up an efficient organization. It is only thus that we can influence the law-making powers and command respect before all communities.

Let us have a rousing State meeting in the Alleghenies next autumn.—ED.

THE BRITISH HOMŒOPATHIC CONGRESS.

THE annual assembly of British Homœopathic Practitioners took place at Leicester, on Thursday, the 26th of September.

Dr. Gibbs Blake presided. Dr. Vilas, delegate from the American Institute of Homœopathy was present. Drs. Campbell and Winslow were obliged to return home before the meeting, regretting that they could not accept the pressing invitations to be present.

The proceedings were opened by an address by the President, entitled: "On Evidence as applied to Therapeutics." From this interesting and instructive address, we make a few short selections:

"At the present time there appears to be a large tract of no-man's land. The physiologist in his laboratory works loyally at his portion of work, and having carefully noted and compared the results of his experiments on a dog, he says to the hospital physician, 'Now you take the drug, and tell me the action it has upon the human body.' But all the inmates of the hospital are unfit subjects for the experiment. Patients may be chosen that have those organs healthy, that are expected to be acted upon by a given drug; but, if other organs are diseased, the experiment may fail in consequence of (1) the action of the drug being expended upon the diseased organ, which would not be affected if it were in a state of

health; (2) the action of the drug on the healthy organs may be masked by the disease pre-existing.

"Moreover, hospital patients are not the proper subjects for physiological experiments. Nor is it the duty of the clinical experimentalist to discover the action of drugs on the healthy human body. This must be done by the physiological investigator on healthy men and women, not surrounded, as they are in hospitals, by diseased men and women.

"The former would be unconsciously influenced, and the symptoms which have to be noted, would thereby be made of doubtful value. As the physiologist has clearly recognized the need of this investigation, we may confidently expect that this ground, lying between him and the physician, will soon be appropriated.

"Bias is a most disturbing element. The fair record of facts that tell against a man's peculiar views is proverbially difficult. 'Men mark when they hit, and never mark when they miss,' as Bacon says, and he quotes an ancient story of one who in Pagan times was shown a temple with a picture of all the persons who had been saved from shipwreck after paying their vows. When asked whether he did not now acknowledge the power of the Gods, 'Ay,' he answered, 'but where are they painted who were drowned after their vows?' The grateful patients live to tell the tale, fortunately both for the allopath and for the homœopath. In the field of therapeutic work, a man must have confidence in his plan of treatment, or he will not pursue it with ardor; and at the same time must avoid the dogmatic, inflexible, mental attitude, which prevents his recognizing the possibility of failure.

"If it is found to be a fact, as we think we have evidence to prove, that the third decimal trituration of the carbonate of potash will influence a diseased state, when the same salt is being taken in quantity in a soluble form; how can we explain this without assuming that the salt is altered in its molecular arrangement? We have no microscopic evidence of any molecular change, yet such a change may exist, and vital tissues may be the only test of such change. The nerves of a frog were used as a galvanometer before Oersted discovered that the magnetized needle was deflected by the electric current. Further discovery may provide us with a means of proving that the molecular mobility of a salt may be altered by the force employed in subdividing it. However, at present we have merely to be sure of our facts, and we must leave the explanation for future discovery to clear."

The next paper presented was by Dr. Hayward, on "Hospitals and Dispensaries," in which the author endeavored to show the superiority of the latter over the former, both in efficiency and expense. He animadverted very severely on the London Homœopathic Hospital, in regard to the class of cases admitted, as well as the number of empty beds. This paper provoked a long discussion, which was participated in by Drs. Pope, Nankivell, Dyce Brown, Bayes and others. The general opinion appeared to be that the two establishments could not be compared with each other; that both supplied a needed want in our large cities; that hospitals alone were suitable for clinical teaching; and that many cases recovered in hospitals that would die in their own squalid homes of poverty. In regard to the London Hospital, it was shown that much of its usefulness was destroyed by the rules laid down for the general government, and from the red tape involved.

The next paper was presented by Dr. J. Galley Blackley, on "The Place of Antiseptics in Modern Therapeutics."

The last paper was by Dr. Dyce Brown, on "The Use of External Applications in Homœopathic Practice."

The following gentlemen were elected to serve as officers for the next Congress: Dr. Hughes, President; Dr. Wynne Thomas, Vice-President; Dr. Dalziel, Local Secretary; Dr. Huxley, General Secretary; Dr. Madden, Treasurer; Dr. Matheson, Auditor. Malvern was selected as the place for the next Congress, and the date fixed for the second Thursday in September, 1879.

A collation followed the business session of the assembly; the President being supported on the right by Dr. Vilas, who had the honor to reply to the toast, "Our Visitors," in which he spoke of the cordial feeling which prevailed in the United States towards homœopathic practitioners in England, and in conclusion thanked the assembly for the honor bestowed, through him, upon the American Institute of Homœopathy. With the ending of the banquet, the proceedings terminated. (Abstract from *The Monthly Homœopathic Review*, London.)
—ED.

THE FIFTH HOMŒOPATHIC CONGRESS OF PARIS.

THIS union took place at the Palace of the Trocadéro, August 12th, 13th, and 14th, 1878. The following were elected officers of the Congress:

Dr. Leon Simon, President.

Drs. Richard Hughes and Jousset, Vice-Presidents.

Dr. Gonnard, General Secretary.

Drs. Claude and Vincent Simon, Recording Secretaries.

Dr. Guerin Meureville, Treasurer.

There were also present as delegates from respective bodies in America, Drs. C. H. Vilas, of Chicago; J. A. Campbell, of St. Louis, and W. H. Winslow, of Pittsburgh.

The first paper presented was "The Law of Similars and its Applications." Dr. Thibaut, of Nantes, presented a paper on "Isopathy;" Dr. Frestier, of Lyons, one on "Electricity."

These papers were out of order, but in regard to their respective merits, we would remark that the paper of Dr. Thibaut was unscientific, while that of M. Frestier gave the numerous applications of electricity in the therapeutics of acute and chronic diseases, and the sources from which one might obtain this mysterious agent, the effects of which we prove in most of the phenomena of the organic and inorganic world, without being able to penetrate its nature.

The next paper was by Dr. Jousset, "The Dose of Homœopathic Remedies." The doctor affirmed that medicines had two actions, the one primary, the other secondary; and these two effects are generally opposed the one to the other.

Dr. Pitet read a paper entitled, "The Influence of Physiology upon Medicine." He stated that the progress of physiology led physicians, whether they were willing or not, to the knowledge and practice of homœopathy, and that Claude Bernard had to come, voluntarily or not, to promulgate the identical principles which we follow.

Dr. Mayerhoffer, of Nice, presented a paper on "Treatment of Diseases of the Heart." Dr. Simon gave a paper on "Miliary Fever and its Treatment." He uses Aconite and Chamomilla where there is restlessness; Coffea in insomnia, active heat of skin, abundant sweat, sensibility to fresh air, vesicles; Bryonia in symptoms of intense dyspnoea and suffocation; Arsenic in diarrhoea with orthopnoea; Sulphur, after Aconite and Coffee, which should only be given for a short time; Stramonium and

Hyoseyamus when there are cerebral symptoms, and, finally, Calcearia carb., Cuprum, and Valeriana.

We see here a terrific therapeutic arsenal for an affection which has not been considered by any pathologist as a morbid entity, since it occurs in numerous febrile conditions, and, as Trousseau says, "We believe with Hirschman and Professor Bouillaud that miliary eruption is only a symptom of a symptom, it being ordinarily the consequence of sweating."

Resolutions were passed to erect a statue to the memory of Hahnemann, and to attempt the establishment of a Homœopathic College in Paris.

From the discussions of the Congress, we are convinced that the majority of homœopathic physicians are in accord, that it is necessary to administer remedies in the different potencies. This is the doctrine *L'Art Médicale* has always sustained, and is contained in the four words of our eminent co-laborer and friend, Imbert Gourbeyre: "*similiter, elective, omni dosæ.*"—Exc.—T. M. S.

OUR YELLOW FEVER COMMISSION.

AFTER sundry misapprehensions and delays, the special commission to inquire after the *therapeutics* of yellow fever, was appointed by the President of the American Institute of Homœopathy, Dr. Conrad Wesselhoeft, of Boston.

It was composed of the following members:

WM. H. HOLCOMBE, M.D.,	Chairman,	<i>New Orleans.</i>
T. S. VERDI, M.D.,	Secretary,	<i>Washington.</i>
J. P. DAKE, M.D.,		<i>Nashville.</i>
L. D. MORSE, M.D.,		<i>Memphis.</i>
L. A. FALLIGANT, M.D.,		<i>Savannah.</i>
B. W. JAMES, M.D.,		<i>Philadelphia.</i>
WM. L. BREYFOGLE, M.D.,		<i>Louisville.</i>
E. H. PRICE, M.D.,		<i>Chattanooga.</i>
F. H. ORME, M.D.,		<i>Atlanta.</i>
W. J. MURRELL, M.D.,		<i>Mobile.</i>
T. J. HARPER, M.D.,		<i>Vicksburg.</i>

A meeting of these commissioners was called at New Orleans, December 2d, with headquarters at the St. Charles Hotel.

Assembled there, upon the very heels of the retreating plague, all being present except Drs. Verdi, Morse, and James, a large amount of mail was found accumulated in the care of

Messrs. Boericke & Tafel, in response to a circular letter calling for reports from all parts of the field.

Before proceeding to speak of the important work in progress, let us take a glance at the *personnel* of the commission assembled in room 120, St. Charles Hotel.

Such a group, gathered around a large table, is worth a study. At the head and to the right as you enter, sits Dr. William H. Holcombe, with open, cheerful countenance, and calm, dignified bearing, pencil in hand, directing the course of inquiry. He has passed his fiftieth mile-post, but shows no frosts of time. Tall and rather corpulent, he looks benignantly upon those before him, attentive to every utterance, quick to catch a thought, ready to accept the true, yet determined to reject the false.

Schooled by Dr. Davis, of Natchez, in the yellow fever epidemics of 1853 and 1855, and familiar with its ravages in the Mississippi Valley since, he brings to this investigation the gatherings of a long and careful experience.

Being a sharp yet patient investigator, and withal an elegant writer, we must agree that most rightfully he sits at the head of the Homœopathic Yellow Fever Commission.

Next to him, on his left, in the place of the Permanent Secretary, sits a younger man, with striking features and noble form, whose open, beaming face and earnest bearing, betoken the pushing business man. His every look says to those around, "Let's on with this work." He speaks to the point with great clearness and determination. This is Breyfogle, of Louisville, the youngest man of the commission.

Beyond him sits a gentleman of riper years, with well-cut Roman features, short trimmed grizzly beard, and the bearing of one accustomed to close and accurate thought. He seems to say, "Now let us be careful about this. Is that just the word we want? etc." That is Orme, of Atlanta, a veteran in yellow fever, and one of our strong men in Georgia.

On the end of the sofa beyond, is a man of the old Huguenot type, of medium size and weight, dark eyes, and swarthy complexion, restless and quick in motion, ready and voluble in speech, seizing every fact and bringing his own well-in-hand experience to bear in the solution of each question. He is a veteran in battles with yellow fever, a ready writer, a quick and successful defender of our faith at Savannah,—Dr. L. A. Falligant.

On the other side of the table is a petit gentleman, slightly bald, with quick eye and pleasing address; he speaks with

force, yet most deferentially; he is a genuine Southerner, of much experience in the treatment of yellow fever. His reports are minute and instructive. That is the genial Dr. Murrell of Mobile.

And to the right of the Chairman, on the end of another sofa, reclines a man of placid features, lately himself the subject of fever; speaking seldom, but always to the point. His face tells of a mind well balanced, of opinions well defined and firmly held. He has just come from the field of battle; that is Dr. E. H. Price, the pioneer of homœopathy at Chattanooga.

On the sofa, beyond Dr. Price, sits a member added to the commission by unanimous vote, a man of the olden time, who has seen near eighty summers come and go. He is the senior, and the tall man of the commission, as ready for work, and as enthusiastic now, as fifty years ago. He listens closely, speaks seldom, but with great decision. Long an allopath, and long a homœopath, he has been in medical practice for more than half a century. He has had an immense experience in the treatment of yellow fever. That is Dr. T. J. Harper, of Vicksburg.

Across the table from the acting secretary, is the remaining member, not unknown to you. He hails from Nashville.

In regard to the importance of the work undertaken by this commission, I must say that it is the beginning of the *positive method* in medicine. The plan, allowing every physician to tell his own story, and every school in medicine to display its own superior statistics, unchallenged and unverified, has been current for two thousand years.

The time has at last come for a careful scrutiny of all reports, such as may discriminate between the true and the false, putting a seal of approbation upon the one, and of disapproval on the other. I do not hesitate to say in advance of our final report, that the facts and figures developed to the public, and the furtherance of more exact methods of noting cases, remedies, and results in the practice of medicine, will make this commission one of the most important agencies and advocates of homœopathy and of exact therapeutics, yet known to the world.

Having sent out circulars asking for information, in response to a series of questions regarding the treatment of yellow fever, as said at the beginning of my letter, the commission found a table full of reports from all parts of the wide field scourged by that disease, during the present year and in former years.

During the sessions in New Orleans, these reports were carefully scrutinized and compared, so as to eliminate the false as far as possible. The result is a mass of facts and figures which places homœopathy far ahead of all methods of medication in that dreaded disease. I cannot anticipate the final report, especially as we are still at work upon the field. Our next point is Vicksburg, and then Memphis.

I might say, however, that the facts and figures now in our possession, indicate two important conclusions:

1. That medication, under the law *similia*, has been pre-eminently successful.

2. That the remedies found under that law efficient in one part of the wide field of the late epidemic, are those most efficient in all parts.

The presence of the commission upon the battle-grounds so soon after the stirring scenes of the epidemic, while incidents and items were fresh in the minds of medical men, and of observing people, has facilitated our inquiries, and will add much to the value of our report.

From this time forward, physicians and boards of health will record cases and results, under different modes of treatment, with greater care and exactitude, so that principles and systems, and individual remedies, will stand or fall with the testimony brought out by our epidemics.

Let the Woodworth Commission dispute and disagree as to the cause, character, and prevention of yellow fever; we shall be unanimous and positive in regard to its *therapeutics*.

In conclusion, let me say, that the thanks of the profession, and of all people dwelling in regions scourged by the yellow fever, will be due to the President of the American Institute of Homœopathy, and to Mrs. Elizabeth Thompson, for the grand showing of proofs gathered and submitted by our commission.

J. P. DAKE.

STEAMER NATCHEZ, MISSISSIPPI RIVER, December 9th, 1878.

YELLOW FEVER.

BY DR. LOUIS A. FALLIGANT, SAVANNAH, GEORGIA.

(A Paper read before the Homœopathic Yellow Fever Commission at New Orleans, December 3d, 1878.)

UPON the heels of the remarkable decision arrived at by so eminent a body of sanitarians, as the American Public Health

Association, to the effect that "yellow fever is *never* indigenous along or near the Southern Gulf or Atlantic coast cities of the United States," it seems an almost futile undertaking to offer for public consideration such facts, bearing on the nature and, if I may so express it, the *habits* of this direful malady, that exhibit it to my study as presenting substantial reasons for a very different conclusion—one in which it does not seem necessary for me to make the humorous reservation provided by that distinguished association, "that I may have freedom to change my mind if I see fit."

We have met here to discover the truth, if it be possible, and to base our conclusions upon ascertained facts as exhibited in the nature and causes of the disease; to show from what elementary sources and under what circumstances and conditions it may originate; in what manner, and to what extent, and by what methods the infection may spread, and if any measures of relief from its dangers and sufferings can be devised, what these measures are and how they shall be applied.

It is sufficiently well known that in the malarial districts of the South the various types of endemic fevers are more or less prevalent every season, and that the cases decrease in ratio to general sickness as these regions are well drained or remote from inhabited localities. Thus the tenants of plantations in malarial regions "summer it," as it is called, in the pine-lands, in the up-country, and among the purer breezes of the salt-water lines. Some, too, spend their summers in adjacent cities where the sanitary condition has been made good by the drainage of surrounding malarial flats.

My own observations have led me to several separate conclusions:

First.—The dry decomposition of vegetation is not injurious to adjacent animal or human life.

Second.—The moist decomposition of vegetation gradually increases in danger to adjacent life in ratio to the foul and extensive character of the decomposition.

Third.—The influence of running fresh-water streams on adjacent human life is increased as the body of the stream becomes infiltrated with the outpourings of sidelong stagnations and impurities.

Fourth.—Deep fresh-water ponds apparently confine their exhalations to the production of ordinary miasmatic disorders and bilious fevers.

Fifth.—Shallow stagnations, when exposed to the hot summer sun for a considerable length of time, give out disagreeable

odors, evidently arising from animalecular and insectous decomposition therein; and adjacent to this class of stagnations, such as rice-fields during the autumn harvest flow, we discover more malignant characteristics in the endemic fevers, attaining the severe grades of congestive, hæmorrhagic, and swamp fevers.

Place these shallow stagnations on the outskirts of a city, and empty into and diffuse through them the putrid gatherings of human excreta and animal decomposition necessarily composing its refuse, and we have the newly-added elements of typhus poison entering into combination with previous malaria-producing forces, generating the typho-malarial miasm, out of which, under increased swashing and the coincident following of intense and prolonged heat, rapidly develops that infectious poison, exhibiting on the human body the scourge of yellow fever. Your familiar knowledge, that gardeners gather the manure from horse and cow lots and pile it up in heaps near their dwellings without causing sickness in their families, will assist you in distinguishing the clear difference between excreta of this character and such as render our sinks for the reception of human excreta more noisome abodes of typhoidal emanations.

How the yellow fever infection is indigenously created, I have previously exhibited in my report on the epidemic at Savannah, Georgia, in 1876, in which report you will find the following paragraph:

“That the odors and gases (shall I say miasms) emanating from our sewers, privies, dry-wells, and surrounding filthy bogs and stagnations (especially the putrid miasms escaping from the Bilbo Canal, the sewerage outlet of the city), which were swashed by the heavy rains of June, and left to be acted upon, fermented, and developed into new combinations of special, destructive, and putrescent malignity, by the hot suns of July and August, were the real infectious poisons that spread pestilence and havoc through Savannah in 1876.”

Now let us examine the types of fever seen during an epidemic. We see cases of simple fevers, erethismal fevers, bilious remittent fevers, congestive fevers, hæmorrhagic, typhoid, and typhus fevers, and diffusing its putrid poison through all these types, we recognize the epidemic yellow fever and its urinary and black vomit insignia—evidently exhibiting the varied effects of varied ratios of the admixture of varied poisons upon varied constitutions and temperaments. As the epidemic progresses its more malignant characteristics increase in ratio to the number of cases, from several operative influences.

One. Increased heat of the atmosphere.

Another. Increased accumulation and crowding of cases.

Another. Increased malignity of the infection by reason of cumulative supply from the excreta of the sick and the decomposition of the dead.

And as cooler weather comes on we find the first and second of these conditions tempered by atmospheric influence, and the third limited by the change in the two previous ones.

That is, given the elements necessary to the yellow-fever-producing combination, namely, animalcular, excrementitious and miasmatico-putrid stagnations, swashed by heavy rains, and left in undrained and stagnant puddles, and fermented by succeeding prolonged and intense heat, and you have the mash from which is exhaled those infectious miasms, developing in the human organism its destructive capacity, and producing that formidable disease known as yellow fever, but which I have ventured to christen "*La Maladie du Diable*."

After publishing my own conclusions as to the class or combination of decomposition from which, under favoring circumstances of humidity and temperature, this direful disease might originate, my learned and valued fellow-townsmen, Col. John Screven, sent me a copy of his translation of an admirable pamphlet on our subject, by Dr. Charles Belot, of Havana; and I need scarcely say to you that in writing our separate views neither author had knowledge of the other. It is with no little satisfaction, then, that I refer you to so experienced and distinguished an authority for corroboration of my own inductions.

On page 35 of the translation, he says:

"The cause of yellow fever is purely miasmatic and the air is its vehicle. . . . The circumstances contributing to the formation of putrid miasms are the mixture of fresh and sea-water containing animalcula, the detritus of vegetation, the evaporation of this mixture, great heat, humidity, and atmospheric electricity. Miasms, once formed, may remain latent and innocuous during a period more or less protracted, until a cause—sometimes trifling—sets them in action."

On page 8 we find the following:

"It is in the commercial quarter where are found in store great masses of food substances, easy to decay, that the greatest number of inhabitants are collected. New-comers ordinarily lodge in the midst of this, which, in the rainy and hot seasons, becomes a centre of infection. The commercial quarter is placed in the lower part of the city, near the quays, where

vessels lie, precisely where the sewers are voided, and their emanations received by seamen.

"After a heavy rain these sewers are washed out, but the harbor is filled with putrefying substances, and this perfectly explains why the greatest number of the sick, and the gravest cases, come from vessels touching the quays, and from the stores and commercial houses situated in this quarter. . . . The harbor and the city are surrounded by villages built on the heights, where the air being less vitiated, yellow fever is little known, and the cases presented there are contracted in the city."

I may add from my own observations, and from other observations by Dr. Belot himself, that the disease may be contracted in healthier localities by infection received from cases carried from diseased localities.

Again, on page 10, we find reference to "the evaporation of animal substances mingling in the morning and evening fogs," and "the imminent danger on board of vessels constantly exposed to the emanations from the roadstead, and to the mephitic matters which compose their cargoes." "Yellow fever always exists here in sporadic form, even in winter," says Dr. Belot, on page 36, "especially if after a great rain, there follows a strong heat. For its generation, *ab initio*, heat is essential, and then it rages as long as there are subjects fit to be assailed."

INCEPTION OF EPIDEMIC INDIGENOUS YELLOW FEVER.

I have distinctly limited myself to the discussion of the inception of the indigenous form of this disease, for the very good reason that the imported type can always be promptly recognized by the *immediate malignity* with which it assails its victims. Imported yellow fever has in its West Indian ferment-bed already undergone that progressive maturation, if I may so call it, in which the cumulative development of the poison has already attained its stage of matured malignity. "Indeed," says Dr. Belot, "it is always in existence in sporadic form." But in the more northern latitudes of the Gulf and South Atlantic coast, the winter temperature is sufficiently cold to dissipate its miasms, and it is not likely to renew itself another season, unless unhappily the local conditions combine with favorable seasons to develop anew its putrid germs.

This brings us to the endemic type, the nature of which I will now endeavor to disclose.

I have previously stated that the originating bed of the poison is to be found in such kinds of animalcular decompo-

sition as are to be found in connection with cities, located more especially in and surrounded by undrained and stagnant miasmatic regions. These surrounding swampy regions, usually devoid of growth capable of sheltering them from the sun's rays, and infiltrated with organic decomposition, to which has been superadded the typhoidal elements of sewerage washes and decomposing animal and vegetable organisms, are at times, by laxity of municipal vigilance, permitted to exist adjacent to corporate habitation until, in some unfortunate coincidence of circumstances, they are slushed and puddled by heavy rains, and succeeding prolonged and intense heat ferments the mass, until the atmosphere becomes laden with putrid emanata. Prior to the combined developing fermentation brought about as above stated, the character of the endemic fevers partakes of the nature of typho-malarial; but as this fermentation gives out its putrid exhalations, combining further with the evaporations and excreta from the sick, a gradual greater severity is apparent, until in scattered cases, like the signal guns of ships in distress, black vomit announces the real character of the scourge. From this time on until the epidemic subsides, it is difficult to trace the individual connection of cases, because of their rapidly increasing spread; yet no experienced practitioner will have failed to note many instances in which the poison has been carried from house to house, and locality to locality, until, as in the season just past, it seemed almost to have spread its wings on the winds.

I am strongly inclined to favor the opinion that it is easier to stamp out an imported infection, when we can get at it directly, as when the crew of a vessel are sick, and even perhaps when they may have communicated the disease to a limited number of persons on shore, provided that we have not supplied a pabulum of congenial elementary filth on which its affinitive germs will light like fire to powder. But when the widespread influence of congenial local causes, together with the coincident superaddition of humidity, prolonged intense heat, and, as a natural sequence, electric tension, have fired the whole atmosphere of a region, until endemic cases of the disease crop out from every surface direction, like mould on neglected garments, I have little confidence in any heretofore attempted method of suppression, though I am not without confidence that in a calamity so overwhelming as this, there is still something that can be done to assuage its virulence and shorten its devastating career.

The first step is to keep our sewers and water-closets disin-

fected and washed clean by a flow of water of sufficient volume to scour out their contents, and do away with their foul odors.

The second step is to prevent the pouring into these water-closets and sewers, unless they can be thus scoured as by a freshet, any of the washings and excreta of cases of yellow fever; for it is plain that the sewers are thereby made the most facile conductors of noxious evaporations.

The third step is to wash out and cleanse the impure stagnations around the city, and keep them washed freely with fresh water, so that no redevelopment of congenial surrounding miasm-beds may offer additional assistance to the epidemic impurity.

For a very pointed illustration of this measure, I refer you to my report, in which reference is made to the effect of such a providential scouring during the epidemic at Savannah in 1854.

To what extent these measures can be applied, it is not for me to determine, but of their value I have no doubt whatever. When you recall the cumulative density and malignity of the yellow fever poison, and the fact that the excreta of the sick and dying represent those forms of its morbid reproductive agency most deadly in their nature, I think you will perceive the danger of hoarding its seeds in your sewerage excretory apparatus, from whence they are carried back to every connecting household by way of the conveniently linked pipe-ways. Nor is it at all certain that the germs of the disease may not retain vitality during the winter season, and recommence their devilish work as the warmer weather of another summer thaws them into activity.

In illustration of this point, I will narrate a few cases from my own observations:

On the 18th of September, 1877, I was called to see S. G. Haynes, a merchant of Savannah, residing on Jones Street, whose case proved to be a most malignant type of yellow fever with black vomit, followed by a grave typhoid condition, lasting nearly a month. Whilst the city was generally enjoying a state of health, and no other case of the disease then existed there within my knowledge, it became a curious inquiry, how did he get it? By some, its cause was attributed to his recent personal supervision of the removal of a dirt-heap in the cellar of his mill, which had lain there undisturbed since the preceding epidemic (1876), and by the upheaval of which it was conjectured that some dormant germs of the disease might have been set free. As no other person or employé about the

mill had been infected, I was incredulous as to this theory of its origin, and directed my own investigation to his residence. The water-closet gave out very foul odors, and was connected by a sealed pipe-way with a dry-well in the yard, the gases of which closet had no escape except by the connecting pipe back into the house. Into this water-closet and dry-well had been emptied, the previous season, the excreta from cases of yellow fever, one or more of which had been fatal; and Mr. Haynes, being unacclimated, to the extent that he had never spent a summer here before, offered susceptible food for the grasp of the infection. From this case, some ten or a dozen subsequently occurred, coming under my care, in connection with which I could directly trace the transmission of the poison from one to the other by personal carriage; but the general atmosphere offered no bed for its epidemic growth, and we escaped any alarming troubles.

On the same street at a later period of the season, I treated the cases of Mr. and Mrs F. D. Jordan, the latter having an unsettled, continued type of fever, with yellowish complexion, and the former having a classic case of yellow fever, with black vomit. Mrs. Jordan explained that they had recently put on their bed a blanket which had been packed away since it was taken from the bed of relatives sick with the same disease the previous year. I was also informed that a very disagreeable dry-well existed next door, into which their water-closet pipes emptied, and into which it is certain that the excreta of persons sick with yellow fever the previous fall, had also been cast.

The above cases all recovered.

To the same street, opposite Haynes's residence, Alderman W. H. Tison came from New York to his own home a little later in the season. I was informed that he died in a few days with black vomit. He also had one of these dry-wells in his yard, connecting by sealed pipes with his bath-room, adjacent to his sleeping apartment, and opening into it. I have been unable to learn whether any yellow fever excreta found its way to his dry-well the previous year or not.

Did these malignant cases of genuine black vomit have their origin in poison, the vitality of which remained dormant in these dry-wells about a year, or did they arise *de novo* from the fecal emanations of the dry-wells themselves?

PECULIAR INFLUENCE OF THE YELLOW FEVER POISON ON
UNACCLIMATED PERSONS.

During the gradual maturation, or growth of malignity, of the yellow fever poison of the endemic type, I have elsewhere stated that the cases of the prevailing fevers are seen to take on severer conditions by an almost season-like gradation, until, after some weeks, black vomit discloses the real nature of the miasm. How differently it affects strangers, is a matter with which you are all familiar. Sometimes the first distinct warning we have of the existence of putrid atmospheric malaria, is the sudden taking off of these unacclimated persons. When exposed to its influences, especially at night and near the sewerage outlets, we find captains and crews stricken down with fevers of intensely malignant grades, the severity of the attack increasing as the summer heat condenses into autumn fogs, and being modified in malignity by the more or less putrid character of adjacent noxious evaporations. Another interesting feature of this climatic influence of the poison on the unacclimated, is the rapidity with which the infection ushers them into fever. I have known many instances in which these unfortunates were stricken down in from a few hours to a day or two after their entrance in the locality of the disease.

This single fact militates with tremendous force against the doctrine of extremists, that yellow fever is *always* imported from foreign countries—in illustration, that unacclimated seamen, who go to the West Indies, remain in some West Indian coast city a week or more, take some days to come to our Southern ports, and spend days at them before they are taken sick, invariably derive their illness from miasm with which they had been infected during their sojourn in the former latitude. Unhappily, it is too often the case that when such cases occur, as they did at Savannah in 1876, if we can only get at the truth, we will discover that local physicians had previously seen scattered cases of what was considered as typho-malarial fevers, and perhaps an occasional case of a more than suspicious vomito; and the unacclimated new-comer presents a more susceptible subject for the development of malignant fever.

By some physicians in Savannah, but more especially by the State board of health, it is contended that as they succeeded in tracing some of the earlier cases to an infection imbibed at or near the Atlantic and Gulf Railroad wharves, and because certain vessels then or just previously lying at said wharves

came (with clean bills of health) from the West Indies, necessarily the disease was brought from there, though no proof of that fact could be obtained. But to my judgment the filthy and stagnant condition of the adjacent low grounds, the neighboring stagnant harvest-flowed rice-fields, and the immediately adjacent putrid evaporations of the Bilbo Canal (the sewerage outlet of the city, which had not been flowed with fresh water for ten months previous), swashed by the heavy rains of June and the early part of July, and fermented into deadly emanations by the succeeding prolonged and intense heat, afforded precisely the same causes for the development of the disease at these wharves, that the similar combination of causes presents for a similar result, when the sewers and foul waters defile the Cuban Bay and carry pestilence into Havana's commercial quarter.

QUARANTINE.

The value of a rigid quarantine against the possible importation of the disease from the West Indies and other localities where it may have found temporary lodgment, or exists always in sporadic form (that is, where there is never a sufficiently cool winter to destroy its germs, and where they exist constantly, as a consequence, in that matured degree of development capable of reproducing immediately the malignant and black vomit type of cases), will not be questioned by any prudent physician. It is from that class of cases, introduced into a community, that is developed that malignity of poison spreading havoc and death in its rapid advance.

If the case be introduced into a city in good sanitary condition internally and adjacently, we can almost trace the spread of the disease from locality to locality, until by the aggregation of cases the atmosphere becomes sufficiently loaded with poison exhaled from the sick to produce epidemic influence. But if a case of this character, or a poison of this degree of maturation, be introduced into a city in bad sanitary condition internally and adjacently, then we see a lightning-like speed in its direful sweep. It has been sown, as I have already shown, in the congenial soil from which it derived its unclean origin, and it rollicks in recuperative energy like an angled fish speedily restored to its native element.

It becomes a question of the utmost importance *when* a city should be quarantined in the midst of which cases of yellow fever have occurred. Looking at this question from the standpoint

of those who always want a thousand miles between themselves and the disease, we are apt to heap illimitable blame on the guardians of our welfare, who do not immediately cry out the dismal warning, yellow fever! But looking at it from another standpoint, the interruption of business of all kinds, the wholesale loss of employment, the hunger and desolation everywhere wrought by even necessary precautions against the spread of the infection, I think a very wide discrimination should be made in the circumstances under which a city should suffer quarantine.

To be more explicit, I may lay down the following general principles:

1st. When a city is in good sanitary condition, and by some unfortunate circumstance an imported case of the fever has occurred, and the disease is still limited to a few persons, in whom it has been caused by personal exposure to the original or successive cases, but no epidemic condition is apparent, and all the cases have been removed from the possibility of spreading the infection, it is dreadfully hard on a community to paralyze its business, stop its commerce and the means of livelihood of its citizens, and reduce tens of thousands of people to suffering from idleness and consequent want. This hasty infliction of quarantine results unhappily in fostering a practice of concealing or denying ascertained facts, for the very good reason that the authorities of a city realize in its full extent and meaning how much misery, apart from disease, unavoidably falls upon a community thus barred from external intercourse. I cannot indorse the indiscriminate infliction of quarantine upon communities thus only punctured, if I may so express it, with a few isolated cases of the disease.

2d. When the disease has developed out of local uncleanness, and the outcropping malignant cases point, as they do, unerringly to the epidemic development, or when an imported contagion lights up the ready kindlings of sanitary negligence, and the disease exhibits an immediate malignity of infection, spreading rapidly from its incipient focus, quarantine cannot be too soon or too rigorously applied; for these are the circumstances out of which come those most deadly miasms, carrying desolation and woe in every channel of their course.

YELLOW FEVER AND STATE POLICY.

I am fully aware that in pointing out to the country the possible circumstances under which some of our Southern cities

may, nay, have suffered from epidemics of yellow fever caused by their own neglect of nature's sternest laws of cleanliness, I am treading on a State policy which believes it best for the growth of the State that it should not admit the bad name of being within the yellow fever zone. But persuaded as I am that the wisest and most humane course is to recognize possible dangers and provide intelligent means for thwarting them, I think it best that we should so improve and care for our sanitary condition that when, on the one hand, the imported infection sneaks into our midst, it will not find congenial soil for its fructification; and, on the other, when heavy rains wash our sewerage and garbage accumulations on to adjacent lowlands, and diffuse their putrid elements in sluggish waters, we will not wait for hot suns to test their disease-producing capacity, but provide ample currents for washing away these stagnant and dangerous morasses.

Now, understand me clearly, that whilst yellow fever may exhibit a constant existence, with sporadic illustration, the entire year in Cuba, such is not the case in our Southern cities, nor am I prepared to admit that indigenous epidemic yellow fever will at any season show itself in our latitude, unless by official negligence those elementary putrescent accumulations are permitted to gather and exhale, under succeeding favorable conditions of humidity and temperature, the typho-putrid miasms, bred by such combination of circumstances into infectious malignity. When such conditions do occur, and such direful results follow, I am well aware to what extent the searcher after facts is embarrassed in his investigations, and official incapacity is concealed by a suppression of ascertainable information; and this suppression, I might better say distortion, of the truth is defended as a correct exhibition of State policy, lest a different confession peril the prosperity of its commonwealth.

I think that the growth of the State, the welfare of its inhabitants, the ties that bind us as individuals in family love and as a nation in mutual sympathy for and interest in each other's weal, eminently require that men holding those fossiliferous and damaging notions should be effectually laid on an everlasting shelf, and their places filled by such as have an earnest regard for intelligent sanitary management.

Editorial Department.

SALUTATORY.

FIVE months ago, adverse circumstances, which it is not necessary to enumerate, forced the proprietors of this journal to discontinue its publication.

It had passed through the breakers that threaten all new undertakings, and by its enterprise, scientific excellence, and careful editorship, had gained the front rank of medical journalism, and established a name and fame wherever Homœopathy was known.

Throughout America and Europe it had a wide circulation; its articles were frequently copied into other journals, and its contributors became known to people speaking strange tongues.

We have seen its matter translated into French, German, Spanish, Portuguese, and Italian; and it has graced the pages of the best British journals.

With such an extensive circulation, and such a high position in the affections of the profession, its suspension caused sincere sorrow, brought forth touching obituaries, and awoke a storm of remonstrances and urgent appeals for its restoration.

The publishers, ever mindful of the wishes of their patrons and friends, and having an affection for the journal which they had guided with parental care through its tender youth, could not remain impassive nor ungrateful to this mellifluousness of feeling; and, after mature consideration, decided to re-establish the serial.

Now, this crisp, stern month of mid-winter, bleak and barren without, but made cheerful and joyous within by Christmas green, the cluttered playthings, and the kind wishes and merry shouts of the household, we come like Santa Claus to greet you.

THE HAHNEMANNIAN MONTHLY *redivivum* in holiday attire, wishes all its patrons and friends, and believers in Homœopathy everywhere—Happy New Year!

The journal will present the usual amount of reading matter, with some slight changes in the arrangement, in the clear type and excellent style of Sherman & Co., and *will issue promptly the first of every month.*

With this number we begin Volume I,—New Series; current series, Vol. XIV—under such very favorable auspices, as to almost insure success. A large number of distinguished men, including well-known writers and teachers, have been secured as regular contributors, and the busy practitioner will find in

our original department the freshest results of laboratory, bedside, and clinical investigation.

There will be condensed reports of county, state, and national society meetings; interesting correspondence upon subjects pertaining to medicine; and an editorial department for the presentation of living issues, and phases of medical philosophy.

Reviews and book notices will be ably made by men especially interested in the subjects upon which they write, and pains will be taken to estimate the literary and practical value of new additions to our literature.

In "Gleanings" we shall give personal movements, medical chit-chat, college and hospital news, and a general *résumé* of new discoveries and advances in medicine and its kindred sciences.

This will take the place of the Spirit of the Medical Press, to which the editor had the pleasure of contributing, and, in these times of diffuse medical writings, we hope by condensation, to make this department invaluable to our readers.

The journal will be devoted to the development and enunciation of the symmetrical principles embodied in the *Organon* of Hahnemann.

Similia similibus curantur will be our test of faithfulness; and we will go so far as to say that when we fail in internal medication through the imperfect development of symptomatology, it would be better to fold our hands in *nihilism* than to imperil our patients by resorting to the dangerous methods of our old-school brethren.

Our pages will always be open to discussions of scientific medicine, but we shall rigidly exclude everything like scurrility and personal abuse.

We shall endeavor to walk "the straight and narrow way" to the affections of the homœopathic profession, by dignified, impartial, independent journalism.

We shall try to edit a journal which will possess the excellencies of many, the faults of none. We cannot do this alone; and we ask the profession at large to help us, by the best work of their cerebral convolutions, to make perfect the glorious heritage of the immortal Hahnemann.

THE time has come for a great uprising of the homœopathic profession against a thoroughly organized and powerful enemy.

While we are weakened by internal dissensions, the enemy is creeping upon us and battering at the gates of our fortifications. Our medicines, our similia application, our dietary, and

our peculiar *sac. lac.* preparations are being captured by the old school while we sleep or quarrel in the camp.

Never has there been a time in the history of Homœopathy when independent, trenchant journalism was more needed than now.

We cannot, perhaps, prevent our treasures from being stolen; but we can make such a cry of stop thief, as to awaken the civilized world to a realizing sense of justice, and the demerits of the old system, which seeks to live by brigandage.

Let us forget our individual grievances, and be self-sacrificing for the sake of humanity, for the sake of clean, pleasant, precise, beneficent Homœopathy. The very name is, like the babble of *Hiawatha*, sweet music to the ears, and its sequence of letters soothing to a weary retina.

Its solid foundations were laid by the master's hand, according to the plumb and square of scientific method; but the edifice is not finished, and it is the duty of every homœopathic physician to aid the good work, until we rear a more glorious temple than did Solomon at Jerusalem.

Good journals are all-important to this consummation, as they bring men widely separated into harmony of thought and feeling. We invoke the aid of cultured men everywhere to assist us, by brain and pen, that we may lay the reports of victory over dire disease before the profession at large, and do the most good possible to suffering humanity.

A single observation, a single fact, added to the storehouse of knowledge, may have a far-reaching significance of priceless value.

WE want it distinctly understood by our contributors, that rejected manuscript will be promptly returned to them when so desired.

Communications received and accepted, will be published as early as the pressure upon our columns will permit.

A postal card acknowledgment of the receipt of medical items and articles, will be promptly sent to the author.

The profession are earnestly requested to send the editor every item of personal movements, medical chit-chat, college and hospital news, and other matters of general interest.

Contributors are respectfully requested to write in clear, bold style, with a proper arrangement, that there may be no necessity for copying, and the compositors may have no excuse for mistakes.

The editor will give, as time and space permit, articles upon

the hospitals and medical schools of Europe, which he examined thoroughly during last summer.

It is very amusing to see how gracefully and complacently writers in old-school journals consign the Homœopathic school to disintegration and extinction. The individual opinions of Drs. Wyldé and H. M. Paine, the malevolent outbursts of disappointed cliques, the incautious and ill-considered resolutions of over-zealous societies, are enumerated as signs of rapid dissolution.

The steady improvement of our *materia medica*; the weeding from our system of everything in conflict with science; the enthusiasm of the greater number in the profession in perfecting the application of the law; the increase in our college classes; the improvement in our methods of teaching; the demands for higher standards of education for graduation; the capturing of departments in old-established universities,—all these are signs of vitality, not those of the moribund.

Homœopathy has begun to consolidate and harden into a consistent, coherent system, just as mortar sets. All signs point to our assimilation of the old school, the practice of which more and more tends to a recognition of the law of similars.

Madame Melanie d'H. Hahnemann, the second wife of the illustrious founder of our system of medicine, died recently at Paris, in the 78th year of her age.

The French obituaries are full of praises of the virtue, intelligence, and amiability of the lady who for eight years was associated with Hahnemann; but the French are likely to throw a *couleur de rose* over everything connected with their country and countrymen, so that for bottom facts one must go to cooler-headed nations.

If we may believe a very cogent article written by one of Hahnemann's relatives, Mlle. d'Herville was actuated by another motive than a desire for professional advice when she first went to consult the doctor. It is stated that she went to Cœthen with a determination of marrying him, in order to take him to Paris, that she might through him rise to affluence. Her sharp business talents, exercised when they left Cœthen, and the pauper-like funeral and burial-place in Montmartre given to the illustrious dead, lend color to the above assertion.

She seems to have been a good wife, and to have effectually blinded Hahnemann's old eyes to her faults, for he mentions her in his writings with affectionate regard, and we can do no less than throw over her the mantle of charity.

Book Department.

THE HUMAN EYE; ITS OPTICAL CONSTRUCTION. By R. E. DUDGEON, M.D.

I have received from Messrs. Boericke & Tafel a little brown book of 92 pages with the above title, and it is as pretty and modest as a wren. I don't mean Sir Christopher, but the little crumb and worm seekers of our door-yards.

When I read Dudgeon's *Lectures on Homœopathy*, I made up my mind the author was the wisest man in the profession, and pictured his *propria persona* like a white-bearded monk of St. Gothard, but when I saw his picture in his pleasant home in London, and talked with his wife of his shooting and swimming propensities, I was forced to believe him only old in wisdom. And now, rising fifty years, he has given us some of his observations and pictures under water, where one would suppose abstract speculations would be diluted.

This gem book is clearly printed and adorned by numerous good wood-cuts, illustrating the subject, which is condensed down to the strength of a mother tincture.

The first portion is devoted to refraction of light in different media and the structure and physiology of the eye.

Elementary physics are always interesting, particularly the part relating to light; and physical and physiological optics are delightful subjects to those who have not let their geometry be covered over by the rubbish of later years.

The author says "he has been induced to write a more complete treatise on the optics of vision, in plain, untechnical language, so as to enable those not conversant with optical science to understand this important and interesting subject."

Familiar science series are interesting and useful to the common herd, but to try by ever so plain language to convey to a novice's comprehension what he can only understand by a special technical education, is futile and foolish; it is a waste of time on the part of the author, which ought to be spent in perfecting the details of his science; the novice, if he really desires extended knowledge upon a subject, must qualify himself by studying technics, and then plunge into the classical works of that subject.

A writer can seldom foresee the difficulties of his readers in understanding an explanation or demonstration; he neglects points because they are so familiar to himself.

I think the author of this book has not been plain enough for the unsophisticated to comprehend his optical science. On page 11 I find: "In every case of refraction of light by lenses the amount of the deflection depends on the difference between the refractive power of the lens and the medium through which the rays of light are transmitted to it." Clear enough for a physicist, not for a novitiate. On page 16: "Thus it will be seen that a double concave lens constructed of a less refractive medium, immersed in a more refractive medium, acts like a double convex lens made of a more refractive substance in a medium of less refractive power." A refractive lens of a refractive medium of an immersed lens in a convex medium, refracts the immersed in a double concave, immersed, refractive, distractive — Hold on! where are my cerebral nuclei leading me?

Plain, untechnical, indeed! I had to gimlet my eyes on that compound sentence and follow a mental thread to unravel it, as devious as the maze at Hampton Court, and would advise those "not conversant with optical science" to skip the paragraph, or at least leave it till the insane asylum gets its appropriation.

The complexity could be banished thus: the water on each side of a double concave lens presents two convex surfaces, which act as a convex lens, when the double concave lens between has a less refractive power than the water.

It was found that a double convex glass lens of three-eighths inch focus was required to see clearly in the water, and this was useless in air. The doctor made a double convex lens of two watch-glasses fastened into a brass ring, and containing air between. As air has less refractive power than water, this unique concave lens really has the effect, when placed before the eye under water, of a convex lens; *i. e.*, the convex surfaces of water in apposition with it converge rays of light so that they focus upon the retina. With spectacle frames fitted with watch-glass lenses, the author could see well under water for some distance, while in air they could be worn, because they had only the effect of a weak concave lens.

I do not remember anything upon this subject in ophthalmic literature, and the author is entitled to great credit for his ingenuity and scientific deductions. He gives some grotesque pictures and some true representations of objects as seen by his spectacles subaqueously.

Some minor errors have escaped the proof-reader. On page 22 it is said: "The iris divides the eye into two unequal

chambers. That to the front, bounded by the cornea, contains a watery fluid called aqueous humor. That bounded by the sclerotic behind," &c. The iris divides the anterior from the posterior chamber, and the lens and its ligament properly separate the two unequal chambers, or better, divisions of the globe. On page 31 the vitreous is omitted as a refractive medium.

There is an excellent description of the action of the lens and of accommodation. The author seems, on pages 67 and 68, to be unaware of the true reason why accommodation declines with advancing years, viz., the hardening and partial atrophy of the lens; while on page 69 he explains the subject by saying, "the action of the muscle (ciliary) cannot remedy the altered shape of the eye lenses."

Dr. Dudgeon believes the lens is rotated inwards on its vertical axis, by contraction of a segment of the ciliary muscle, for accommodation to a near point, and apparently proves it by catoptric tests and a model of the eye; but his conclusions, though clearly presented, are not satisfactory.

He disregards a change in the position of the eye, induced by the relation between the ciliary muscle and internal rectus, when the organ focusses from distance to the near point. The corneal image remains at the same distance from the ocular centre, because reflected by the surface of a segment of an ellipse, which practically may be considered a circle; the anterior lens picture recedes because the eye turns in a little and away from the side of observation, which necessarily removes the anterior surface of the lens away from the corneal image and nearer to the image upon the posterior lenticular face.

There is not an utter failure to explain how the ciliary muscle changes the shape of the lens for near vision, as stated on page 78, and the author should not claim any failure of others as an excuse for not demonstrating his own position. The ciliary muscle may contract by segments, but the movement of the pupil inwards in near accommodation is not proof of it, nor of a tilting of the lens, as the author states. The relations of the blood supply may be so altered by contraction of the internal rectus that the pupil moves inwards; to say nothing of nervous influences. "That's one of those things no feller can find out."

I am very much pleased with the monograph, if I do not wholly agree with the author, and believe every medical man could read it with profit. The subaqueous observations are unique and interesting. Fancy a portly Englishman, with

giant goggles, lying flat upon his back at the bottom of a swimming-bath, studying the scenery!

To think that the author of *those lectures* could descend to such a depth!

Alas! how are the mighty—sunken!

[May be had of Messrs. Boericke & Tafel.].—ED.

THE SCIENCE OF THERAPEUTICS IN OUTLINE. By J. P. DAKE, A.M., M.D., ETC.

This is a Quakerish-garbed monograph, as clearly printed as Silica is crystallized, and as decidedly worded as is a spirit speech of that peculiar set of religionists called Quakers.

I remember how chaos took on order, how doubts melted away like snow before a south wind, when Professor Dake enunciated in his lectures at Hahnemann College, Philadelphia, the principles which should guide us in our treatment of disease.

No one can deny that upon the borderland between our internal measures and our external appliances, there exists considerable confusion of thought in regard to the applications of our law of similars.

We find Hammelrath in Germany, Dyce Brown in England, and many in this country struggling to *make* the law of similars cover their heterogeneous practice; cover things with which it has no connection, because they depend for their influence upon the body almost entirely upon the laws of chemistry and physics.

It is very bad homœopathy to swallow the methods of old-school practitioners and then stretch one's logic to bring them into accord with the law of similars. It is not thus that we shall gain respect from our fellow-men nor perfect the system we believe true.

If we understand clearly the range of application of our law, and restrict it within those limits, and understand that a great many other measures for relief of patients belong to kindred sciences,—to hygiene, physics, and chemistry,—we shall feel much better using the latter by divesting them of sectarian properties than if we try to claim their homœopathicity. In one case we can cast defiance in the teeth of criticism, in the other we must sneak along under doubtful premises.

It is exactly upon these conflicting elements, over this stumpland of homœopathy, that Professor Dake's book ranges, and every one, be he practitioner or philosopher, should read it.

It will clear up many foggy minds. We only regret that the subject is not further elaborated.—ED.

THE NORTH AMERICAN HOMŒOPATHIC DIRECTORY. By J. PETTIT, A.M., M.D.

This is a very good directory of the physicians of our school and contains very few errors. Such a work is a labor of love, not lucre, and we beg the author, if he loves us, to give a better index and put it in the front of his next edition.

We spent hours hunting up States before we discovered the index hidden among advertisements in the last leaves.—ED.

THE YEAR'S PROGRESS. By J. C. BURGHER, M.D., President of the American Institute of Homœopathy.

This is a reprint, in pamphlet, of one of the very best summaries of our status and old-school delinquencies ever written. It is an argument of irreproachable logic in favor of Homœopathy, and deserves to be very widely circulated.—ED.

THE MEDICAL, SURGICAL, AND HYGIENIC TREATMENT OF DISEASES OF WOMEN, ESPECIALLY THOSE CAUSING STERILITY. By EDWIN M. HALE, M.D. Boericke & Tafel, New York and Philadelphia. Pages 298, 8vo., 1878.

This new work calls for a passing notice. It embodies the observations and experience of the author during twenty-five years of active and extensive practice, and is designed to supplement rather than to supersede kindred works.

The arrangement of the subjects treated is methodical and convenient; the introduction contains an article inserted by permission of Dr. Jackson, of Chicago, the author, upon the ovular or ovulation theory of menstruation, which contains all the observations of practical importance known on this subject to date.

The diseases of women causing sterility are fully described, and the medical, surgical, and hygienic treatment pointed out. The more generally employed medicines are enumerated, but their special or specific indications are unfortunately omitted.

Part II, on dystocia and its treatment, is a revised edition of the article furnished by Dr. Hale for Dr. Richardson's *System of Obstetrics*, and is, therefore, not new to the profession.

With all the author's boasted loyalty to the law of *similia*, he signally fails to convince us that "the application of dry cups over the lumbar region" is ever necessary, or that they are homœopathic in "all acute cases of congestion of the kidneys," or that "Bromide of lithia in twenty to thirty grain doses, every four or six hours," is the homœopathically indicated drug for "violent delirium with insomnia."

We have also failed to discover the similarity between the constipation of pregnancy and the pill at night, recommended on page 251, and composed of one grain of Aloes, one-half grain of extract of Hyoseyamus, and two grains of soap.

If an emergency should arise demanding such a heterogeneous combination of drugs, one might give them, but should not make himself a laughing-stock by claiming the pill is homœopathic to the case, nor by attempting to bulldoze the profession into the belief that it squares with the law of *similia* either in primary or secondary symptoms, though the formula may have been found in some antiquated old-school pharmacopœia.

Had these and a few other empirical waifs been left at the doors of our allopathic brethren, where they belong, we would have *hailed* the new-comer as a long-expected heir.

The general practitioner will find a great many valuable things for his daily rounds, and cannot afford to do without the book. The great reputation and ability of the author are sufficient to recommend the work and to guarantee an appreciative reception and large sale.—J. C. B.

HOMŒOPATHIC THERAPEUTICS. By S. LILIENTHAL, M.D., Editor of the North American Journal of Homœopathy, Professor of Clinical Medicine in the New York Homœopathic Medical College, and Professor of Theory and Practice in the New York College and Hospital for Women. Boericke & Tafel, New York and Philadelphia, 1878. Price, in cloth, \$4.50; morocco, \$5.50.

The publishers tell us, "Never since Raue's *Pathology and Therapeutics* appeared have we witnessed such a rapid sale of a work on practice," and *we* say "Thank the Lord!" Let the press never cease and the binder never grow weary until every practitioner of our school is supplied with Lilienthal's *Therapeutics*.

I can say in all sincerity, it is a book that no homœopathic physician can *afford to be without*. I do not attempt a review.

All who are familiar with Jahr's *Clinical Guide* have some idea of its scope and character. The author himself says, "Jahr's *Clinical Guide*, which I had the honor to bring out in a new edition some ten years ago [and which he greatly enlarged as well], is still the skeleton around which I clustered the experience of our best men." "One of which he is *whom*," say we. The honest old worker! Think of his own forty years' experience added to that of "our best men." But I do not want to get started on Lilienthal. Any man that edits the best journal we have (present company, Mr. Editor, always excepted); nearly edits a half dozen others; lectures in two flourishing colleges; serves on the staff of our biggest homœopathic hospital; practices medicine and a good deal of it, and the best kind at that; last and greatest, any man that gets up a work on HOMŒOPATHIC THERAPEUTICS like the one we are talking about *ought not* to have anything said about him, and that is the reason we do not want to get started.

Seriously, what a great help this book is to us. Turn, for instance, to the chapter on cough. A case comes into your office—there are others waiting—but what a desperate cough that is. The polychrest remedies with which you are familiar do not fit right; you are too hurried to go through the *Materia Medica* (especially Allen's), and are liable to make an unsatisfactory prescription. No; not if you have Lilienthal's *Therapeutics* at your elbow. A glance over the invaluable section on coughs will doubtless reward you, and you select the *similimum*. The same may be said of headaches. What a mine of wealth is there, also? And so we may go through the book, and it is considerable of a book, I can assure you—over seven hundred pages of closely printed matter, and *such* matter!

Halt! What is this? "*Lithiasis*—Gravel or small stones may be dissolved by Asparagus, Calc. carb.," etc., etc. That, you must know, I very much doubt. You may prevent the formation of a stone, but after it *is formed*, and lies as a foreign body in the bladder, you might as well try to dissolve the jack-knife in your pocket by the use of internal remedies. For all that, I still maintain the book is worth its weight in gold; nay, diamonds—black ones, of course, from Pittsburgh.—J. H. McC.

Gleanings.

POLIO-MYELITIS ANTERIOR ACUTA INFANTILIS, BY DR. BRENNER (*Ally. Med. Centr. Zeitung*, 86, 1878).—This disease is well known as *essential infantile paralysis*. Its first symptoms usually are fever, with cerebral manifestations, when suddenly a paralysis sets in, which rapidly reaches its acme and then gradually decreases, leaving many muscles relaxed and finally atrophied; at the same time no reflex, no sensory disturbances, no paralysis of sphincters, nor any decubitus. Not a trace of a progressive character of the paralysis; the general health soon leaves nothing to be desired, and the well-known deformities develop themselves on trunk and extremities. The muscles degenerate into fat or fibrous cords. Most characteristic in the region of the paralyzed nerves and muscles is the electric degenerative reaction, with all its symptoms and with its peculiar course.

We consider this infantile paralysis based on an acute myelitis of the anterior gray substance, especially in the lumbar and cervical swelling, with inflammatory softening of the foci and atrophy of the large multipolar ganglionic cells, atrophy of the anterior roots, and sclerosis of the anterior lateral columns. The nature of the disease may thus find an easy explanation. If it is true that the motory conductors go from the lateral columns to the anterior roots, through the gray anterior columns; if it is true that all these conductors pass the great ganglionic cells; if all these cells or part of them possess trophic functions for nerves, muscles, bones, joints, etc., we are thus enabled to understand the atrophy of the muscles and bones on the one side, and from the intactness of other ganglionic groups the intactness of some muscles. The acute inflammation explains the initial fever, and if it is true that the reflex arcs also pass the anterior gray substance, the absence of all reflex action is also explained.

The differential diagnosis of the different infantile palsies is easy. The absence of all sensory and visceral disturbances, the absence of decubitus, of all reflex actions, of any progressive character, the atrophy and degenerative reaction, the general good health, the absence of pain or spasm, the rapid, though not quite apoplectiform, beginning, finally, the absence of localization upon a distinct nervous region, differentiate it most distinctly from acute central or transverse myelitis, from myelitis by compression, from cerebral hemiplegia, progressive muscular atrophy, hæmatomyelia, and peripheral nervous paralysis. Of great importance and equally easy is the differentiation of the frequent cerebral hemiplegiæ and monoplegiæ. The most important hints are the absence of atrophy and the preservation of the normal electro-contractility in cerebral palsies. For the retardation of growth in infantile extremities cerebrally paralyzed is something quite different from the atrophy of polio-myelitis and peripheral nervous paralysis. A cerebrally-paralyzed extremity of a grown person does not become atrophied, and electrical reaction of the nerves and muscles shows no anomaly, even where the palsy existed for years, especially never a degenerative reaction.

A case of polio-myelitis is reported in a boy of two years with complete paralysis of the left upper extremity. Ten days after the

disease began the muscles were already as flabby as if there were none, and degenerative action was clearly seen. The little patient was nearly a year under treatment. After four months the influence of the will reappeared; soon afterwards the induced current began to act, and thus a favorable prognosis was assured. In all such cases, if coming under treatment as soon as the paralysis developed itself, electro-therapeutics, scientifically employed, will succeed; but it takes tact and patience and endurance, though many months more may be necessary for a successful issue. Too many cases come before us where contractions have already taken place and a cure is well-nigh impossible.

A girl of four years suffered from cerebral paralysis of the same extremity. The palsy was complete, and a contraction of the flexors of the hand and fingers was present. After a continued treatment through fourteen months, not only was the paralysis nearly totally removed, but the contraction also. At first it was only possible to act against the contraction by applying the anode of the constant current to the ulnar and median nerves, and simultaneously using the induced current on the antagonists of the contracted muscles. Amelioration was gradual but steady.—S. LILIENTHAL.

(Plumbum is our best remedy still for infantile paralysis, but it needs deeper investigation and longer trials. You see how long electro-therapeutics must be used to be of any benefit.—S. L.)

CLINICAL OBSERVATION AT ST. JACQUES HOSPITAL, PARIS, SERVICE OF DR. JOUSSET (*Bul. de Soc. Med.*, Aug., 1878).—During the semester forty-six patients have been received into the hospital. Of this number five have died; two from phthisis, one from cancer of the breast, one asthmatic old man from cardiac troubles and pneumonic complications, lastly an infant, who died during the operation of tracheotomy, performed too late.

SEVERE TYPHOID FEVER.—A. H., aged five years, was admitted December 8th, 1877, discharged cured December 28th. This patient contracted the fever after his brother and sister had been attacked, and was in the third day of the disease when admitted. The axillary temperature in the evening was 39.5° C.

December 10th, fifth day of the disease. Temperature last evening was 40.6° C. He has had four stools in twenty-four hours. This morning there is prostration, dorsal decubitus, tongue still moist. He has had restless sleep all night; abdomen is distended; no eruption. Treatment, Acid. mur. 3x during the day and Bell. 3x at night.

December 14th, ninth day. Febrile impulse very much diminished; temperature this morning 38.2° C. The prostration still considerable. The passages from the bowels and bladder, which had been involuntary, had ceased. Slight delirium.

December 15th, tenth day. Has not had any evacuations. Auscultation detects presence of bronchitis.

December 17th, twelfth day. The amelioration is perceptible; febrile movement less. Slight perspiration last night. Delirium at night, but not in the daytime.

December 21st, sixteenth day. Child coughs some to-day; auscultation detects subcrepitant râles. Treatment, Ipecac. 6x and Bry. 6x in alternation.

December 25th, twentieth day. The fever, which on the 21st had

decreased to 37.6° C. in the morning, has gradually increased, till last night it was 40° C. This morning it is 38.2° C.

December 26th. Temperature, 39° C. in the evening; 37° C. in the morning. The child is much better; has a great appetite, and takes a little nourishment.

December 28th, twenty-third day. The child, becoming impatient, was returned to his mother. Convalescence prompt. He was given Chininum 3x trit. as a last medicine. The febrile movement has presented a marked remission at the end of every seven days.

TYPHOID FEVER WITH RELAPSE.—Mlle. J., aged fifteen years. This patient had been convalescent for about ten days from a fever, which had lasted five weeks, when, on December 6th, she experienced a feeling of malaise with loss of appetite, but without fever or diarrhoea, and had muscular pains in legs. On the night of the 6th she was very restless, and in the morning we found the temperature 39.2° C. Treatment, Bapt. 1x.

December 10th, fourth day. In spite of the medicines the fever has continued its course, with increase of all the general symptoms. This condition continued till December 14th, when we found delirium with great violence; desired to get out of bed; frightful hallucinations of death, of burials, etc., with weeping. Pulse 120; face pale; the pupils less dilated than any day before; constipation obstinate. Treatment, Hyos. 1x, 10 gtt.

December 15th, ninth day. Delirium less; patient quiet and appears to sleep; tongue moist; pulse feeble and the heat abated (39° C.). Retention of urine; under the influence of an injection the stool has been abundant. General improvement to the 19th of December. From this date until December 25th, the nineteenth day of the disease, the fever became intermittent in a descending scale, with a variation of a degree and a half to two degrees between morning and evening. During this interval Sulphate of quinine, 3d trit., was given. We would observe that the condition most to be feared in her first attack (under the care of Dr. Gonnard) was a profuse intestinal hæmorrhage, but in the second it was the cerebral affection. In regard to the therapeutics, Baptisia given at the first, and in large doses, failed; Hyos. nig. 6x is an old medicine, proved by experience, which was perfectly indicated by the nature of the delirium and by its accessory symptoms, and it has proven successful.—T. M. S.

ALBUMINOID PERIOSTITIS (*L'Art Medical*, July, 1878).—M. Terrier, at the meeting of the Surgical Society, in April, communicated the following case: A woman, twenty-two years old, presented herself at the Hospital Beaujon in 1877. She had suffered intolerable pain in the right thigh for twenty months. It had been treated by injections of Nitrate of silver. She presented, on her entrance, a superficial inflammation produced by this treatment, and deeper a tumor on the posterior inferior part of the thigh. M. Terrier diagnosed an abscess of the bone, and made a puncture, which gave exit to about 150 grams of a lemon-colored liquid, stringy and viscous. This liquid, examined under the microscope by M. Raymond, presented all the characteristics of the synovial fluid, with some globules of blood. The disease was cured by means of drainage, after a long suppuration and in spite of a complication of erysipelas.

M. Terrier diagnoses this malady as albuminoid periostitis, a disease described by M. Poncet, of Lyons, from the suggestions of M. Allier.

M. Launelougue reports two analogous cases in children, but he differs from M. Terrier concerning the nature of this affection. He prefers the name "cyst of the periosteum," and we would agree with him in remarking that the slow progress of the tumor in the three cases cited by MM. Terrier and Launelougue, the absence of inflammatory accidents before the puncture, the nature of the aspirated liquid, and finally the limitation of these tumors, do not agree with the idea of a periostitis, a disease of more acute progress.—T. M. S.

BRYONIA AND CANTHARIS IN PLEURISY (*L'Art Medical*, Sept., 1878).—Dr. Jousset gives the following distinction in the uses of Bryonia and Canthar. in pleurisy in the stage of effusion: While both remedies have effusion and all the symptoms attending this condition, viz., dyspnoea, anxious respiration, threatening syncope; Bry. has intense and persistent fever, while in Canthar. the febrile state is not marked. When there occurs a marked aggravation after decided amelioration from the use of Canthar., we should resort immediately to Bry. in the mother tincture. A continued febrile movement and a violent stitching pain in the side would still further confirm the indication.—T. M. S.

CHOREA—DR. P. BANDEAU (*L'Art Med.*, July, 1878).—A child, five years of age, was attacked twenty days before with choreic movements of the whole body. The child could only utter hoarse and indistinct sounds; there was paralysis of throat, choking him when attempting to drink; complete paralysis of the legs, which were torpid; incontinence of urine from paralysis of the bladder; constipation; and dilated pupils. The restlessness of the patient was worse at night, with tetanic convulsions. Bell., 6th dil., 6 gtts. in a glass of water, a teaspoonful every four hours, was given. First dose was taken at 8 A.M. That night he slept two hours. The next day the fits commenced to be lighter; no convulsions at night. Three days after the movements were very feeble, the nights good, and the paralysis of the legs persistent. Tarantula, given at this date, was followed by return of the whole trouble. Belladonna was again given, continued at intervals of a month, and was followed by removal of the entire trouble.—T. M. S.

L'Hôpital Saint Jacques, at Paris, has received the indorsement of the Council of State, through the decree of Marechal de MacMahon, President of the Republic, recognizing it as "an establishment of public utility."—(*Bull. de la Soc. Med.*, July, 1878).—T. M. S.

[We suppose this recognition entitles the hospital to a share of the public funds.—Ed.]

Subscriptions are being raised for the foundation of two homœopathic hospitals in Germany, one at Berlin, and another at Leipzig.—(*Idem.*)—T. M. S.

The *National Zeitung*, of Berlin, announces that the homœopathic society of that city has resolved to found a free public clinic, and also a journal to publish the statistics and observations collected in the establishment.—(*Idem.*)—T. M. S.

HYDROPHOBIA CURED BY OXYGEN, BY DRS. SCHMIDT AND ZEBEDEN (*L'Art Medical*, July 1878).—First symptoms of hydrophobia seventeen days after the wound; inhalations of three cubic feet of oxygen; two hours after, complete quiet. On the third day, aggravation; new onset of rabies and renewed inhalations of oxygen during forty-five minutes; same result. The remaining light dysp-

nœa was combated during three weeks by Monobromide of camphor.—T. M. S.

ABSTRACTS FROM RHEINLANDS AND WESTFALENS HOMŒOPATHIC SOCIETY (*Allgemeine Homœopathische Zeitung*, Aug. 15th. 1878).—Dr. Hendrichs reports the following case of obscure diagnosis of disease of the sympathetic nervous system :

The patient, aged thirty-two years, had been ill for three months, apparently from diabetes mellitus (languor, thirst, excessive secretion of urine, swelled feet), for which she was treated, although no test of the urine had been made.

The patient complained of a boring pain in the region of the navel, which was aggravated beyond endurance by being touched. She could not bear to be covered.

Palpation revealed nothing. Upon closer examination a great sensitiveness was found over the sacrum and kidneys. These pains were described as of a burning character. She could not lie on her back. At the time that she came under homœopathic treatment the excessive secretion of urine had somewhat decreased, but the thirst was the same. The pain at the navel was relieved when passing large quantities of water, but when the flow was scanty and dark-colored the pain was aggravated (lig., vesico-umbilicale).

Bowels were constipated; urination caused cutting pains, and afterwards violent tenesmus. Complete sleeplessness for three weeks. Menses suppressed. Urine contained neither albumen nor sugar.

The treatment was commenced with Arsenicum 3d, which relieved the boring pain about the navel, but the backache became so much the greater, after which the former condition returned. Nux vom., Sulphur, and Belladonna, after three weeks' use, produced no change.

About this period the following new symptoms appeared : Stitching pain in the region of the liver; boring, pressing pain in the forehead and root of the nose, which caused momentary numbness. After giving Phos. 4th, the sensitiveness was somewhat diminished, but after giving Phos. 3d, all pain completely disappeared in three days. This was followed by vomiting of the ingesta, which ceased in a few days by the continued use of Phosphor. The Phosphor. treatment embraced a period of fourteen days, and the patient entirely recovered.—C. P. S.

A PATIENT, aged thirty-three years, came under the doctor's care after having been treated by other physicians for a long time. She complained principally of her stomach. There was morning nausea, followed by sour eructations; constant empty feeling in the stomach, relieved by taking small quantities of food, with anorexia; persistent constipation, and urination caused an aching pain, followed by tenesmus. The spine, from the third to the sixth dorsal vertebra, was very sensitive to pressure. The pain was described of a burning character. The patient was compelled to sit stooped, thereby causing oppression of the chest of a constrictive character. This sensitiveness dated back to her seventeenth year, and had been treated as rheumatism. Patient was unable to do anything. Menstruation was painful, but with the recovery of health this difficulty was removed. This patient first received Phos. 4th, but no improvement following, the 3d and finally the 2d dilution was given.

In two weeks' time this patient had completely and permanently recovered.—C. P. S.

A THIRD case was that of a girl, aged seventeen years, who for fifteen months in vain sought relief from eminent oculists. The cornea was infiltrated; the staphyloma presented the appearance of a piece of raw meat! There was a severe boring pain in the orbit at night. This case was cured in six days with *Ilex aquifolium* (!).—C. P. S.

INJURY FROM A BEE-STING—DR. H. HEIDRICH (*Wiener Medicinische Presse*, 1877).—A servant girl, aged twenty-five years, suddenly took sick without any known cause, with the following symptoms: Face puffed up, cyanotic; respiration slow, heavy; œdema of the lungs developing; general sensation diminished; pulse small, frequent; extremities cool. The whole right arm was swollen; axillary and cervical glands were enlarged. The offer of water, which was much desired, caused convulsions, with an expression of fear in the face as in hydrophobia. In the same way convulsions set in, as the physician accidentally touched the index finger of the patient's right hand. In this finger a bee-sting was found imbedded, and surrounded by a reddish circle. Upon its removal the convulsions ceased and the dread of water disappeared. The patient fully recovered, and was able to work the next day, though still quite feeble.

She stated that immediately after feeling the sting, and crushing the bee between her fingers, the symptoms of illness came on.—C. P. S.

CITRIC ACID IN DIPHThERIA (*Deutsche Med. Wochenschrift*, 1877).—Dr. Caspari employed Citric acid alone in about forty cases of diphtheria, and obtained good results in every case. In very severe cases in adults or large children, he used the pure *Liq. acid. citric.*, and applied it with a brush; in small children or mild cases the acid was diluted with 10 per cent. of glycerin. In all the cases which came under his treatment, but two children under one year old died, and in these the application of the acid was discontinued by the parents on account of the pain.—C. P. S.

DR. S. CAPRANICA has found amongst the coloring substances in the retina, undergoing absorption from light, an oily substance identical with lutein.

Concentrated sulphuric acid causes the golden-yellow drops of lutein to change immediately to deep violet, which soon becomes a deep blue. Concentrated nitric acid makes the drops momentarily bluish-green, and soon after, colorless. Iodine solution changes them to green, with later a bluish tinge. These drops, in solubility and spectroscopic appearance, coincide with lutein. Lutein is an animal coloring-matter which is found in the corpora lutea of quadrupeds, in blood serum, in cells of adipose tissue, in the yellow fat of milk, and in the yolks of eggs. It is also found in some plants.

Lutein loses color on exposure to light, and varies with the amount of fat combined; the more fat the less sensitive to light. Thus the physiology of perception of images will soon be resolved into a simple chemical laboratory process.—*Ex.*

DR. J. TWEEDY, of London, instilled *Hydrochlorate of gelsemina* into the eye and observed paresis of the pupillary sphincter, of the ciliary muscle, and the external rectus. Dilatation of the pupil began twenty to forty minutes after instillation, and effects continued from six hours to several days.

To cause paralysis within three hours, a solution of eight grains to the ounce must be used every fifteen minutes the first hour, and every half hour afterwards.—*Ex.*

"FANCY the enlivening effects of a heavy rain-storm in the country, in a lonely house, where two ladies sit sewing. Fancy the interesting conversation over the width of a band, the size of a gather, and the immense responsibility incurred in making the flannel skirts for the expected stranger.

"Who can tell how many sleepless nights, how many harassing days may result from the unfortunate placing of one tiny fold? Perhaps if the material is 'the wrong way of the stuff' the electric current may be disturbed, and who knows what dire consequences might follow? Not the doctors, I dare swear; for they are the most ignorant of all educated mortals, and know nothing about such things unless they are told; and even then are rather uncertain about facts."—*Ext. Lady's Letter.*

It is astonishing how few English doctors are conversant with the German language, how few German know the English, how few French know either the English or the German.

"The French language is the best in the world," said a Johnny Crapaud, "and we don't care to learn any other unless we are forced to do it by our commercial relations. Everybody speaks French."—*ED.*

HERE is the attempt of a Frenchman to conjugate the indicative mood, present tense, of the verb "to go:" "I go, thou wentest, he cut stick, we vamoose, ye or you clear out, they absquatulate."—*ED.*

"WE earn our living; why should we not urn our dead?"—*Ex.*

DR. J. G. HUNT, the microscopist, of Philadelphia, says: "It is affectation or stupidity for Americans to send to Europe for microscopes when they can purchase better ones at home."—*Ex.*

It is a reproach to the Homœopathic school of medicine that Hahnemann's grave is unmarked by cross or tablet in the great Père la Chaise. A trifle from each homœopathic physician in the United States would rear a monument of colossal proportions and attractive elegance.

Let us send over a specimen of American sculpture in one of our exquisite granites. Who will act as treasurer?—*ED.*

SALICYLIC ACID is a powerful anaphrodisiac. Serious depression of sexual power has been caused in several cases where the acid has been applied for the cure of rheumatism.—*Ex.*

HYDRATE OF CHLORAL produces conjunctivitis and temporary amaurosis.—*Ex.*

THERE'S not a single perfect specimen of an Irish skull in the London Museum. They are all broken.—*Ex.*

HERE is something calculated to make the hair rise on the head of our anti-tobacco friend, Dr. James B. Wood, of West Chester. It is an inscription upon the lids of the boxes of a new brand of segars introduced lately into the smoky city, Pittsburgh.

R. 10 grs. Ext. Havana,
2 grs. Ext. Connecticut,
1 gr. Oil of Nicotine,
 $\frac{1}{2}$ gr. Saltpetre.

Mix with plenty of reliance. Take one every hour.—*DR. PUFFO,*
—*ED.*

AN excellent certificate for a quack medicine :

"DEAR DOCTOR :

"I will be one hundred and seventy-five years old next October. For over eighty-four years I have been an invalid, unable to step except when moved by a lever. But a year ago I heard of the Granicular Syrup. I bought a bottle, smelled the cork, and found myself a man. I can now run twelve miles and a half an hour, and turn nineteen somersaults without stopping."—*Ex.*

THE late Professor Rokitsansky, the great pathologist, made, during his lifetime, over thirty thousand post-mortem examinations. —*Ex.*

AN internal transport—the alimentary canal.—W. R. C.

THE class in the HAHNEMANN MEDICAL COLLEGE, of Chicago, is considerably larger this year than last. At some of the lectures not only the seats are filled, but the aisles also. The faculty contemplate enlarging the building next summer, making the seating capacity three hundred and fifty.

The Hahnemann Hospital is also running very smoothly, and thus far no difficulty has been experienced in obtaining sufficient funds to pay all expenses. The private department is full, and the general wards nearly so.

Our Hahnemann Hospital Ladies' Aid Society in October last arranged for four entertainments for the benefit of the hospital. The first was given by the faculty, the second by the ladies, the third by the students, and were very enjoyable as well as lucrative. The fourth will be given by all hands, ladies, faculty, and students, January 16th, and we anticipate plenty of fun and a large audience. —H.

THE YELLOW FEVER HOMŒOPATHIC COMMISSION convened at New Orleans December 3d. They will travel through the afflicted cities, and report to Congress the result of their investigations. We shall give a full report of their proceedings next number.—ED.

THE HAHNEMANN MEDICAL COLLEGE of Philadelphia is in full blast, with a larger class than last year. A new lecture-room has been added, and the three years' graded course is well patronized.—ED.

THE BOSTON UNIVERSITY SCHOOL OF MEDICINE is taking the wind out of the sails of the old-school institutions by an extraordinary advancement in requirements for matriculation and graduation. We think they should demand for entrance enough Greek for the analysis of technical terms, and enough Latin to read any part of *Cæsar's Commentarii de Bello Gallico*. A doctor without some knowledge of Latin is like a horse with a docked tail in fly-time.—ED.

THE NEW YORK HOMŒOPATHIC COLLEGE is crowded, and the teachers are enthusiastic.—ED.

THE HOMŒOPATHIC DEPARTMENT OF THE UNIVERSITY OF MICHIGAN is doing solid work, though the old-school department makes faces.

THE HOMŒOPATHIC HOSPITAL COLLEGE, Cleveland, is busy, so busy no one can find time to send us any news.

OLD PULTE, at Cincinnati, is working a large class into a pulsatious mass for a bolus about March 1st.

THE MISSOURI HOMŒOPATHIC MEDICAL COLLEGE must be in labor, as J. C. R. writes he has not time to give us the news.—ED.

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FUNGOLGY AND DISEASE.

BY F. M. HOWARD, B.S., M.D.,
CAMDEN, N. J.

(Read before the West Jersey Homœopathic Medical Society, Nov. 1878.)

THE researches of Parteur, Tyndall, Huxley, Bastian and others, into the nature of fermentation and putrefaction, has opened a wide field for investigation, and made us familiar with a host of microscopic organisms, formerly supposed to belong to the animal kingdom, and classed as infusoria, but since discovered to be vegetable growths, known to botanists as among the lowest forms of fungi.

It seems to be fully demonstrated that fermentation is always the result of the growth of some one of these organisms, as, for instance, the *Torula* in alcoholic fermentation. The recent experiments of Tyndall, brought out by his discussions with Dr. Bastian on the possibility of spontaneous generation, seem to make it equally certain, that all putrefactions are the results of the growth of similar organisms. The nomenclature of these little plants is somewhat in confusion, but they are spoken of, in general terms, in this country, as well as in France and Germany, as *Bacteria*, while the English term them *Vibrios*.

With a knowledge of the intimate connection of these plants with the hidden processes of decay and putrefaction, physicians were naturally led to revive an ancient idea, and to suggest that perhaps similar organisms might be the cause of many, if not of all, contagious diseases. Investigation has proved the existence of *Bacteria* in the blood, and morbid products of

most of these diseases, and thus has originated the mycetic, or fungoid theory of disease, which is greatly in favor just now with educated physicians.

The germ theory of disease undoubtedly explains more satisfactorily than any other, the peculiar phenomena which contagious diseases present, the multiplication of contagium in the body, and its power of retaining vitality for long periods. Many physicians, however, who accept the germ theory, reject the *mycetic*; that is, while they believe that there must be disease germs, they deny that these germs are fungi.

Dr. Beale believes that, "the disease germs are extremely minute particles of living germinal matter or Bioplasm," and thinks it possible that they are derived from the human body by direct descent.

Dr. MacLagan thinks "the disease germs are smaller and more minute organisms than bacteria," and doubts whether the true disease germs have ever yet been seen.

Prof. Lister, the advocate of the antiseptic treatment, thinks "that the lower fungi may contain within themselves, some chemical compound, which may act upon the body like a ferment." This same view is held by many eminent French physicians.

However, the majority of the profession, both allopathic and homœopathic, have accepted the mycetic theory, and act in regard to some diseases, at least (diphtheria, for instance), *as though it were an established fact, instead of a mere theory.*

Theories have their uses, and very important ones; without them, there could be no progress in science; they are the stepping-stones by which science has climbed to its present altitude; but we shall very likely be led astray, if we build a science of therapeutics upon any such insecure foundation; this has been the "grand mistake of medical men in all times; they have been continually building up their therapeutic structures upon the theories they have held as to the nature of disease, and hence a reason why, until the time of Hahnemann, there never was a science of therapeutics. *We have no warrant to make use of any therapeutic measures that would prove injurious, if the theory upon which they are founded should, at some future time, be found to be a false one;* but we may accept the germ, or mycetic, or any other theory, and use it legitimately in our investigations after truth, remembering that it is theory and not fact.

Before the mycetic theory can become an established fact in science, the following points must be proved:

First. That the fungus of each disease is a distinct individual plant.

Second. That the disease cannot be propagated without the presence of these fungi.

Recent investigation throws considerable doubt upon the individuality of the fungi supposed to be the cause of the various contagious diseases. The whole subject is indeed a difficult one, and will not probably be settled for some time, not until the whole period of growth of the bacteria, from spore to fructification, can be patiently studied.

We may obtain a good idea of the vegetable moulds, to which the bacteria belong, and of the difficulties in their investigation, by studying the common bread mould, *penicillium glaucum*, which is a fair type of all this class of growths. The grayish dust which we may shake off from mouldy bread, when placed under the microscope, is found to be an innumerable collection of minute rounded bodies, which are simple vegetable cells. They are the *spores*, or seeds of the organism. Plant these cells or spores in a suitable pabulum, such as stale bread, and supply heat and moisture, and they will multiply by scission, and finally develop into an intricate network of slender filaments imbedded in the bread. This structure is termed the *mycelium*, and its individual filaments are *hyphæ*, and they bear a somewhat similar relation to these tiny growths as do roots to other plants. It is in the above-mentioned periods of development that we most frequently meet these growths in the body as well as out of it.

From the mycelium, under favorable conditions, little filaments shoot up with great rapidity, to perform a similar office as the stalks do to other plants. These are termed the *conidiophores* or Aerial Hyphæ. From their tops are developed the *conidia* or (in the case of *Penicillium*) true spores, the fruit of the plant. In most species, the conidia are not true spores. In some they are hardened shells, often very minute, which contain within themselves elements capable of development into a vast number of spores, and are liberated by the bursting of the old shell-wall. These are called Dauersporen. In other varieties, the conidia have to pass through an intermediate growth, and develop sexual organs before the true spores are formed. Such is the case with the *Perenospora* infestans, or common potato blight.

In disease-products we only find the first stages of these developments. There are observed, first, small rounded cells, which have been named Micrococci, and which are probably

only spores; the more minute varieties are probably Dauersporen, and these are the kind that resist all ordinary temperatures and destructive agents. Second, developed Mycelium filaments, or Hyphæ, of which the rod Bacteria, or Bacteria termo of infusions, and the larger filaments of Leptothrix, found between the teeth, are familiar examples. But the higher developments of *Conidiophores* and Conidia are never observed in the contagious disease-products, and but few have been successfully cultivated outside the body.

Names have been given by every observer to such of these forms as he has happened to study, according to their shape or other peculiarity. But with our present knowledge, such names give us no more truthful ideas, than would be obtained, if one should gather all the leaves in one of our streets, and give each a separate name, as a distinct plant, because no two could be found exactly alike; when, in reality, they may have all come from the same kind of tree.

Several years ago, Prof. Cohn classified the Bacteria in four divisions, as follows:

1. Rounded forms — *Sphæro-bacteria* — what are mentioned above as spores and Dauersporen. Ex. micrococcus.

2. Rod-like forms — *Micro-bacteria* — which probably are spores in process of forming Hyphæ. Ex. Bacteria termo.

3. Corkscrew forms — *Spiro-bacteria* — these differ from the rod-like forms only in shape. Being endowed with circular motion, they give the appearance of the tiny snakes that have puzzled microscopists so long. Ex. *Vibrio spirilla*.

4. Unclassified forms — these are larger cocci than the preceding, and have a variety of processes, and tail-like appendages. The Torula or Yeast-plant belongs here. They are not accused of having anything to do with disease.

This classification is essentially the one we use now, and is probably the best that can be made until the whole cycle of their development is known; but it is extremely probable that all these varieties will eventually be found to be different forms and periods of development of but a very few species. Although the cells of Torula are a hundred times larger than Micrococci and its growth is very different, Newman claimed that he had been able to develop one into the other at will. Several years ago, Robin asserted that he had seen ordinary rod Bacteria develop into the long filaments of Leptothrix. However, this testimony has not been corroborated, and is not generally believed. Billroth has, however, demonstrated that Dauersporen set free a vast number of spores by bursting, and has watched

these micrococci multiply rapidly, and finally develop into rod Bacteria. Those who reject these conclusions, do so upon purely negative testimony; they have not seen their metamorphoses, and hence do not believe others have.

It is really surprising how little there is outside of theory and negative evidence in support of the idea of an individual fungus for each or any contagious disease. The most recent conclusions, in book form, upon this subject, are found in *Ziemssen's Encyclopædia*. In the general article on contagion, it is true, Professor Liebermeister states his belief in the mycetic theory, and asserts that, wherever botanists have investigated a fungus found constant in any given disease, they have found it to be the sole cause of the disease. But he describes no fungi and mentions no facts, and so we naturally turn to the articles on the special diseases, for a full elucidation of the subject. But many of these writers frankly acknowledge that the germs of the disease are entirely unknown.

Thomas, on measles, finds tail-like cocci and micrococci in the blood, but the tail-like cocci he has succeeded in cultivating outside the body, and they always develop into the well-known mould, *Mucor mucedo*, whose spores never produce measles, and he does not think of accusing the micrococci of being the measles germs.

The same writer, on scarlatina, is certain that there are sporadic cases, and knows of no fungus especially connected with the disease.

Curschman, on small-pox, says the nature of its poison is unknown, and advises an especial skepticism in regard to a parasitic origin.

Lebert, on cholera, can find no specific germ, although micrococci are always present in the discharges and intestines after death, and from its supposed origin among the rice-fields of India, a specific germ is most naturally expected.

Heubner, on dysentery, finds micrococci in the intestines after death, but no more than he finds in subjects dying of other diseases.

Ballinger, on anthrax, believes fully in the mycetic origin of the disease, and gives us the fullest exposition of the present knowledge of the subject; but he mentions no form of Bacteria that are not found in all putrefying blood and in most infusions.

Dr. Oetel accepts the mycetic theory as a demonstrated fact, and finds micrococci to be *the* germs of diphtheria, although he always finds them associated with rod Bacteria. He mentions

the strongest arguments there are in favor of the theory, and he is the only writer in the *Encyclopædia* who claims to know the exact fungus germ. But it is noticeable that this self-same fungus micrococcus (if it is a distinct plant, more probably only a spore), is found in dysentery, by Heubner; in measles, by Thomas; in cholera, by Lebert; and, together, with the Bacteria, claimed by Ballinger to be the cause of anthrax, is found during health, in greater or less number, in the mouth, nasal passages, vagina, lungs, intestines, urine, blood, and even in the humors of the eye.

There may be a special fungus germ for each of these diseases, but it has not yet been proved.

In regard to the second point, whether these diseases can be developed without the presence of these Bacteria, there is considerable more room for speculation. An interesting series of experiments, bearing upon this point, were conducted in Paris, in 1872 and 1873, and the results were read before the Académie des Sciences. There were a large number of experimenters, but the most noted were Professor Onimus, and the celebrated physician, Davaine.

Davaine inoculated rabbits with blood, which he had allowed to putrefy in the open air, and, therefore, was rich in Bacterial life. He found that the inoculation of a single drop would sometimes cause death, and that fifteen drops were certainly fatal. He then tried successive inoculations from one septicæmic animal to another, and he found that $\frac{1}{100}$ of a drop was sufficient to kill the fifth rabbit; $\frac{1}{2000}$ of a drop the tenth, while for the twenty-fifth rabbit, the $\frac{1}{100000000}$ of a drop was sometimes fatal. A most remarkable result to receive the credence of an allopathic physician, and suggesting the question of what *potency* of such poison it would be safe to use as a curative agent. These experiments were verified by a large number of experimenters, and the minimum dose that would certainly kill, after having passed through twenty-five animals, was fixed at $\frac{1}{100000000}$ of a drop.

As each of these successive inoculations developed more and more Bacteria in the blood, Davaine considered it proved that they were the poison; and these experiments are cited by Ballinger to prove the mycetic theory. It will be observed that Davaine used blood which he had allowed to putrefy in the open air. Ballinger quotes him as using Anthrax poison, which he considers a specific poison. Either his idea of Anthrax is wrong, or else he misrepresents Davaine. I will not attempt to reconcile the difficulty.

But the investigations did not rest here. M. Onimus placed putrefying blood in a dialytic membranous bag, and immersed the bag in distilled water. In a few hours the water outside the bag was filled with Bacterial life. Inoculations with these Bacteria gave no poisonous results whatever, while the blood inside the bag remained just as poisonous as ever. He found that he could kill the Bacteria by various processes without destroying the poisonous qualities of the blood. This he considers conclusive proof that the poison of putrefying blood, whatever it may be, *cannot be the Bacteria*. These experiments were verified by such men as Lausam, Leplat, Jaillaret, Bareley, and others, and have not, thus far, been satisfactorily explained by Davaine, nor by any of the champions of the mycetic theory.

M. Onimus takes the ground that the poison must be some sort of an albuminoid substance, which is only another way of saying that he cannot understand it at all.

In an interesting article on this subject, in the *Popular Science Monthly*, for February, 1873, Dr. L. Stimson says: "Clinical observation has confirmed the conclusions of experimental pathology, and clearly demonstrated that poisonous processes may begin in the human body, and proceed without the presence of Bacteria; while on the other hand, Bacteria may be present in large quantities, without the slightest symptoms of any poisonous complication." He considers their rôle in regard to disease to be that of carriers of contagium; and, if Bacteria have any connection whatever with the propagation of disease, this idea seems to be the correct one.

Such is the present state of actual knowledge on this subject. Men of equally noted talent advocate each side, and still continue their experiments, out of which we may hope the truth will eventually be evolved.

In conclusion, the suggestion is made that, we shall probably make greater advancement in our investigations into the cause of disease, if we resist somewhat the materialistic tendencies of our age, and realize that, in pathological conditions, we are not dealing with mere inert matter, but with cellular structures, endowed with the great mysteries of vitality.

FRACTURE OF THE SHAFT OF THE FEMUR.

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IN the November number of the *North American Journal of Homœopathy* is a paper by Professor C. H. Von Tagen, entitled "Fractures of the Shaft of the Femur, with Observations and Clinical Cases, Including Homœopathic Therapeutics." As it contains teachings widely at variance with the surgical world, and, if not true, misleading to those who have not given much thought or attention to the subject, I feel it my duty to review it.

I object, first, to the adoption of and rigid adherence to any single method of treatment of fractures of the femur, or of any other bone, as unscientific and unsurgical.* As in medicine, so in surgery, cases must be individualized, and the neglect to do so constitutes one of the chief points of difference between a good surgeon and a bad one. There is no department in surgery which demands a more thorough exercise of one's ability to specialize, than in the treatment of fractures. Mr. Erichsen says, "The treatment of fractures of the shaft of the thigh bone may be conducted in six different ways, each of which presents advantages in particular cases:"† hence an exclusive plan of treatment should not be followed.

I object, in the second place, to the semiflexed position in the treatment of fractures of the femur, with exceptions to be noted. As a means of treatment in any but rare cases of fracture in the upper third of the bone, it is only to be condemned, and even in respect to these fractures, Bryant, one of the most thoroughly practical of living surgeons, says: "In fractures of the upper third, where the upper fragment is apt to tilt forward, and be rotated outward, the double inclined plane is of great value; it should only, however, be used when the long splint fails to fulfil the object the surgeon has in view: it is daily dropping out of favor."‡

Contrary to Professor Von Tagen, I believe the extended position, with our present knowledge, better fulfils the indica-

* Page 210. The Professor states he has never, in a single instance, used any other method of treatment. Query—Would he not be better qualified to judge, if he had?

† Edition 1878, vol. i, p. 439.

‡ Bryant's Surgery, page 864.

tions for treatment in the vast majority of cases, than any other known method. Of all methods it is the most comfortable; of all methods it gives the best results. Both the semiflexed and extended positions have had their strenuous advocates, during successive surgical eras. The latter held full sway from Hippocrates to Pott, who was chiefly instrumental in introducing the physiological, or semiflexed position, which, undergoing various modifications at the hands of British and Continental surgeons, became the popular treatment of the day. Not to the exclusion of the extended position, however; Desault and Boyer firmly adhered to it, and it is chiefly due to their labors in France, and to those of Liston in Great Britain, that we owe the restoration of the extended position to popular favor, and so complete has been the restoration, that it is now advocated by almost every surgeon of note on either continent. In fact, hardly one is to be found who employs the semiflexed position, except in fractures already referred to, and a few in fractures above the condyles, to relax the gastrocnemius, and thus remedy the backward displacement of the lower fragment.* I object also to the statement, that the semiflexed position relaxes both the extensor and flexor muscles of the limb, and thus places the fragments at rest. It is an error. Admitting, however, the statement that they are relaxed, like all muscles under similar circumstances, they soon undergo contraction, and add to the deformity by increasing the overlapping of the fragments. If Prof. Von Tagen will refer to the anatomical department of his paper, which he has collated with such care, he will learn several facts, which, added to a few I will state, seriously affect his relaxation theory. The quadriceps extensor, which, by virtue of its predominating power, is the chief agent concerned in the displacement of the fragments [not the flexors, as stated on page 210], arises from the femur, with the exception of one head of the rectus, which has its origin from the anterior inferior spine of the ilium, just above the joint, and no amount of "bowing forward" of the body will prevent the tension of this muscle, produced by the semiflexion of the leg. The relaxation of the flexors is also more apparent than real, as their origin is mostly pelvic (tuberosity of ischium), and at some distance from the centre of the joint. If we simply lift the thigh and leg, it is readily seen, that the origin

* Malgaigne states this displacement to be theoretical; it was suggested by Boyer, but does not seem to be established by experience.

and insertion of the flexor muscles are separated more widely ; if we now semiflex the leg, the distance between these points is restored to about that existing in the extended position ; but, if we now raise the body to a semi-supine position, the tuberosity of the ischium is carried backward, and the origin and insertion of the flexors more widely separated than in any other position.* A careful examination of the cadaver, particularly after the muscles are partly dissected, will demonstrate these facts to any one.

I object also to the Professor's method of gaining extension, as incomprehensible and impossible. To say the least, the directions are confused ; they read as if the author had been studying the subject of treatment in the extended position, and a portion of the time, while writing, forgot he was on a double inclined plane. How, is not stated, but we are to secure extension in a proper manner, and from the foot. Will Prof. Von Tagen state how he can gain extension of a fractured thigh from the foot on a double inclined plane?

What is the necessity for raising the foot of the bed two to four inches to gain counter-extension, when the splint is floating and the body semi-supine, so that it would be impossible for the body to slip backward even if the bed were raised a sufficient amount?† Why should the patient's shoulders be carefully kept from the pillows, and only the head allowed upon them, when at the same time the patient is semi-supine on a hard mattress, and can sit up or recline at his pleasure? Will he tell us how counter-extension of the fractured thigh is secured, while the buttocks rest on a firm bed, the body is semi-supine, the thigh bandaged to an inclined plane, and this splint perfectly movable upon the bed? If extension were obtained, would it be in the longitudinal axis of the limb?

I cannot object to the results presented, although I am astonished by them. In view of those obtained by the advocates of the semiflexed position, those of our author are very remarkable. On page 210, we read, "Since 1856, it has fallen to my lot to attend and treat nearly 200 cases of fracture of the femur, both compound and uncomplicated, and, *in no instance have I failed to obtain satisfactory results.*" "The shortening,

* I have carefully examined several skeletons, and soft specimens as well as made measurements upon the living, to determine these points accurately.

† Raising the bed two to four inches is useless. At the Children's Hospital, in making extension for hip disease with a moderate extending power, we raise the foot of the bed ten inches.

with but one exception, did not exceed three-fourths of an inch, while in a large majority it ranged from one-fourth to three-eighths of an inch."

In striking contrast to this report, stands the following: Of 885 cases of fracture of the femur treated at the Pennsylvania Hospital in this city, 111 died, or about one in eight, and 19 underwent amputation. Of the total number, 114 were compound or complicated in character.*

How many such cases come to us from machine-shops, railroad accidents, etc., in a dying condition, from serious complicating injuries?

The slight amount of shortening is also remarkable. Mr. Holthouse, in 1857, examined all the fractured thighs in the London hospitals, numbering fifty, and found the shortening varying from *one-half to three and three-quarters inches*.† Prof. F. H. Hamilton, surgeon to Bellevue Hospital, after a large number of measurements, gives three-fourths and one forty-seventh of an inch, as the average shortening of his cases. How is it possible to avoid serious shortening in cases of compound comminuted fractures, when inches of bone are sometimes removed?

I would most respectfully request Prof. Von Tagen to reconsider this subject, as its importance merits such a reconsideration. His extended experience is certainly entitled to much respect, for it is doubtful if any living man has treated so many fractured thigh-bones, and certainly none with such success. I hope the Professor will give us in print, as a duty he owes his profession, his experience in the treatment of fractures, not of the femur alone, but of all the bones. Prof. Hamilton, with his world-wide reputation and great experience in the treatment of fractures, has treated only 156 cases; and the Pennsylvania Hospital, with its long list of distinguished surgeons, and the large staff constantly on duty, has received only 1180 cases in 40 years, and has lost over 100, or nearly one in ten, from such causes, as shock, exhaustion, tetanus, pyæmia, gangrene, etc. It is remarkable that Prof. Von Tagen, since he took his diploma at the Hahnemann Medical College of Philadelphia, in 1858, has treated nearly *one-third as many cases* as the Pennsylvania Hospital, in the same length of time, and, of course, a proportionate number of cases of fracture of other bones. The deduction to be made from this statement is, that

* Pennsylvania Hospital Reports.

† Holmes's System of Surgery, vol. xi, p. 865.

during the time that he has been in practice, making no allowance for sickness, pleasure-trips, changes in location, absence of extensive hospital experience, etc., the distinguished gentleman has received a fresh case of fracture every ten days; and, estimating the time required in treatment, two to three months for fractures of the femur, he must have had seven or eight cases on hand all the time. This record is so extraordinary, so unexampled, that for the sake of the profession, for the sake of humanity, we ask further explanation.

PREVENTION OF CONCEPTION AS A CAUSE OF UTERINE DISEASE

BY C. P. SEIP, M.D.,
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(Read before the Homœopathic Medical Society of Pennsylvania.)

WE have been taught in the treatment of disease to remove the cause. Hahnemann's injunction, "*tolle causam*" is a very important thing to bear in mind.

In the treatment of certain uterine affections, which will be referred to hereafter, we cannot be sure of the cause, without a truthful statement from the patient, which cannot always be obtained. I propose in this paper to consider a very delicate subject; although delicate, it is none the less eminently proper and necessary for our consideration. I claim nothing new or original, but desire to bring to your attention this important subject, hoping that you will discuss it fearlessly, and free from prejudice. Most of the means employed as preventive checks to conception are injurious, and while much injury may be inflicted, the bad results have been greatly overestimated. I shall endeavor by statistics and other means, to give you an approximate idea of the extent to which this practice is carried on. That it is a frequent cause of disease cannot be denied, and because it is an avoidable one, I believe we should be prepared for the emergency. While I do not advocate the indiscriminate practice of prevention, I must admit that there are many good and sound reasons, both in a physiological and economic point of view, which to an unbiased mind will justify it, at least to a limited extent. That you may know what some of these reasons are, permit me to digress from the main subject of the paper.

Political economists of Europe and America have been considering the problem of the diminution of families and over-population.

Statistics show that the number of annual births, per one thousand of population in American-born couples, is about twenty-six, while that of foreign-born couples, residing in this country, is about sixty-four. Of foreign countries, France has the lowest number of annual births, viz., twenty-seven per one thousand, while Russia has the largest, viz., a fraction over fifty per one thousand. It will be seen that the average number of annual births in Europe is much greater than it is in this country, provided we exclude the births from foreign-born parents. Now the question arises, to what is this great discrepancy due? It cannot be to any difference in the natural or social laws between the two countries, for they are both ruled by the same general principles. The frequency of that most unnatural crime, abortion, will not account for it, and we must find a reason in some other cause. We are led, therefore, to the conclusion, that it must be due to deliberate intentional prevention of conception. Assuming that this cause is responsible in a great measure for the vast difference in the number of births, we see to what an extent this process is carried on. I have taken some pains to ascertain what means are mostly employed for this purpose, but have failed to learn of anything which is not already known to the profession. That many of these are absolutely injurious, I will show presently.

When a woman is once possessed of determination to have no more children, all the persuasive influence that we can command will not change her purpose; she would rather endure the agony and inconvenience of ill health, than pass through the natural process of gestation. If remonstrated with, many of these women will advance arguments, which, based on physiological ground, cannot be altogether disregarded.

The statistics of Dr. Matthew Duncan prove, that in families having many children, and especially, when born in rapid succession, the last children are more apt to be idiots, feeble or deformed, than those born in the first year of wedlock. The health of the mother deteriorates, in consequence of this drain upon her system, and this may be sufficient cause to believe, that the mortality in such families would be greater, than in the same number of children composing several families. Parents of limited means can better educate a few children than many. A good physical training is a necessary basis for mental culture. There is also an argument for poor workingmen, and others of meagre income, who find it impossible to bring up a large family properly. The assistance of the wife

must supplement the income of the husband ; in doing this, the wife must neglect to a greater or less extent, the personal supervision of her family, and the children fail to receive that moral influence which they so much need. On this very point a prominent missionary lady has well said : " It is the personal neglect of children by their parents, which fills our cities with *street Arabs*, and our juvenile reformatories with criminals."*

There are, also, some domestic relations which are entirely beyond the control of the wife, that determines her to have no more offspring. Perhaps one of the best reasons so far advanced is, in those cases where there is a physical impediment, preventing the birth of a living child. Here it is undoubtedly better for the woman to prevent conception, than to risk the dangers of craniotomy or Cæsarean section.

The author of *Satan in Society* declares, that " there is but one legitimate reason for avoiding increase of families, and that is a *bona fide* consideration of health, or already established peculiarities of constitution, . . . and that no sordid considerations of economy should have a feather's weight in the adoption of either of the methods mentioned by him." This author is very emphatic in denying the right to check this, to many, undesirable increase.

I admit that there are many checks employed that are reprehensible, but that all should be included in his unqualified condemnation, excepting the one alluded to, I do not believe ; no remedy has yet been offered, except conjugal prudence and *matrimonia sine concubita* ; the latter has found few adherents, while the former is only practiced " by those men, who love their wives, who bear a holier love for their partners, than to satisfy their sensual lust, and, who believe that higher and nobler duties devolve upon them, than those of begetting children, and getting them bread."

The preventive check, which, according to Dr. Drysdale, is used universally in France, is injurious, because the conjugal act is not completed, and it must necessarily leave the organs in an engorged condition much longer than is desirable. The most injurious check that I know, is the one advocated by Dr. Knowlton, and unfortunately, it is the one most frequently used in this country. It consists in the use of a syringe for the injection of solutions of zinc, alum, diluted vinegar, carbolic acid, and other astringents, for the purpose of destroying the semen. There are other means as disgusting and pernicious. The use

* Medical and Surgical Report, Philadelphia.

of sponge, cotton, and other foreign substances introduced into the vagina, is well known to the profession.

I have thus briefly presented some of the arguments, which you can hear every day, if you but take the trouble to inquire of women, why they practice prevention of conception. Many of them are women of refinement and good education; they have studied, or at least read, political economy sufficiently to be well acquainted with the writings of Malthus, Franklin, John Stuart Mill, Cookson, Drysdale, and others.

We must give this question our unbiased and serious consideration; we must not permit a *perverted moral sense* to lead us to shut our eyes to these sad consequences, but give the subject close attention, so that we can advise, in a judicious manner, those consulting us, and thus reduce a necessary evil to a minimum. Now let us see how far these preventive checks produce injurious effects. The act of coition produces a physiological fluxion, or perhaps better expressed, congestion of the reproductive organs, which culminates in an active secretion of its mucous membranes and vaginal glands, after which the distended bloodvessels gradually resume their previous condition. Now it must be obvious that anything that repeatedly interferes to prevent this active secretion, or the gradual return of the organs to their quiescent state, will result in pathological changes, which must be followed by impairment of functions.

Frequently we find a condition of hyperplasia, or, as termed by Klob, numerical hypertrophy. In these cases the uterus retains all its physical properties with the exception of its increased size. When we remember that there is no organ in the body so prone to hypertrophy, we may readily understand why uterine congestion, although it may constitute for a time the chief morbid condition, will soon be followed by displacement, hypertrophy, and inflammation of the uterus, and all their serious consequences.

But it is not alone the uterus that is involved from these causes; the ovaries, from their near relation, become affected either sympathetically, by neuralgia, etc., or participate in its inflammatory condition.

As these diseases show no tendency to a spontaneous cure, the patients eventually call in the aid of a physician. There is rarely any difficulty in making a diagnosis; but the first question in the mind will be, what is the cause of this trouble? If not ascertained, you will make little progress in the treatment. Should the patient admit being guilty of using preventive checks, you will be astonished at the good effects, if she can

be induced to forego their use. An important point in the prognosis, it is necessary to remember, and that is, that congestion or engorgement of the uterus is curable, whilst long-standing hypertrophy is not, although the distressing symptoms accompanying this latter condition may be so much improved as to cause their entire disappearance.

It is stated by some authors that an intercurrent pregnancy will entirely remove the disease, because the enlarged uterus normally undergoes almost complete involution. This happy event can rarely be obtained, which is the more to be regretted where children are desired.

TREATMENT OF INSANITY.

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SEVERAL years ago, I organized a private hospital for the treatment of the insane, and having carefully observed the disease among hundreds of cases treated, I feel competent to make a few suggestions regarding the treatment of insanity in private practice.

In the majority of instances, physicians send their patients to an asylum soon after they are attacked. This plan is a good one as a rule, but does not apply to all cases. A person once having been an inmate of an asylum, there is always clinging to him an unpleasant stigma; people generally believe that insanity is very liable to return. The man of business, who, from overworked brain, becomes a lunatic, and is sent to a madhouse, is thereafter looked upon with suspicion among his commercial friends. A young lady, from hard study at school, produces cerebral anæmia, accompanied with some form of mania, is hurried off to an asylum to procure that rest she ought to have at home, and is forever after ruled out from holding an equal position with her former associates. These and other numerous cases that come under the attention of the family physician, should be treated at home.

In most of the states, a party has to be taken into court and adjudged insane before he can be sent to a public asylum; in that event his business may be suspended, or a guardian appointed to manage his affairs. In these and similar cases, it is important to keep the patient at home, if possible, until it can be determined whether he is curable or incurable.

Acute mania, unaccompanied with any structural or organic

disease, is generally curable. The ratio of cure is about 85 per cent. Few severe diseases exist where so many recover, and were it not for violence exhibited by the patients, but few cases need be removed from home to places of security for treatment.

We will give our plan of management and treatment of a case of mania, by supposing that a physician is called to attend a patient with loss of reason, induced by overwork, grief, or a functional disturbance of some organ of the body. The patient has all the symptoms that accompany mania, among which will be found: cold hands and feet, quick pulse, hurried respiration, a high degree of temperature, perverted appetite, altered secretions, cerebral excitement, accompanied with more or less violence; a disposition to run away, to injure his friends, and with loud hallooing and talking. The moral symptoms are prominent; the most religious when insane become the most profane; the modest or retiring person uses the most vulgar and obscene language; often a delicate and unassuming young lady will insist on removing her entire clothing, and exhibiting her person without even an appearance of shame. The family physician is the first consulted in such a case, and to him is intrusted the care and disposition of the patient. A majority of the medical profession, in keeping with a long-established custom, order the sufferer without delay to an asylum, not stopping to consider the probable duration of the disease, the prospects of cure, or the results of his friend and patient becoming an inmate of the madhouse. Here I take the liberty to suggest, that if the disease arises from mental causes, functional disturbances of the brain or other organs, and the family is so situated that they can employ an experienced nurse, and devote a room in the house for the patient, that he should be treated at home.

I do not suppose that any one acquainted with the history and removal of Horace Greeley, but has thought it would have been better for that old man, with all his public notoriety, to have been left alone to die at home, surrounded by his family and friends. If the symptoms are aggravated by the presence of the family, and the patient cannot be isolated from them, it is better he should be removed. If he is so violent that there is danger of injury to himself and others, or if the family has not the means or conveniences to carry out proper treatment for some months, the asylum is the best place. But suppose the patient should remain at home; then the physician should insist in having the services of a nurse accustomed to attending this class of cases, and the family for a time must not see the patient. The windows and doors should be safely secured, and,

if the patient is violent, a crib six and one-half feet long, two and one-half feet wide, and two feet deep, made of strong material, similar in shape to a child's crib, with a strong cover, should be furnished, where the patient can be locked up during the night. This plan of restraint is meeting with strong opposition from a few experienced physiologists. Dr. Hammond has written several articles censuring mechanical restraint for the insane. I am of the opinion that if mechanical restraint is not abused and only used where necessary, it will not injure a patient more than physical restraint. A violent insane man requires three or four men to control him, and in their struggles he is very liable to be injured; besides, his impulses of fear only make him more violent, while he is forcibly held by attendants. The best evidence of the worth of a crib is a trial of its use; I have never seen an insane person placed gently in a crib, and kept there for a few nights, but they were anxious to sleep in it afterwards. When they recover, they all agree in stating, that they felt secure from harm when in the crib. The advantage of its use is clearly demonstrated in acute mania, accompanied by restlessness, continuous walking night and day without sleep, and often taking little or no food. Such a patient is liable to die from maniacal exhaustion, and this danger can frequently be averted by keeping the patient in a horizontal position, part of the time in the crib. As we have already remarked, a large proportion of the cases of acute mania are curable, but the duration of the disease is so variable and uncertain, that it is unsafe for the physician to ever attempt to approximate the time when recovery will take place. Under favorable circumstances, with proper care and treatment, the average duration will be about three months; there is no cause for discouragement if four months elapse before any marked improvement occurs. In the large majority of cases, the pathological condition of the brain is anæmic, and restoration to health can best be brought about by rest, food, and stimulants. Here lies the secret of successful treatment, and few will be the cases of death from maniacal exhaustion, if alcohol is administered freely, and the most nourishing kind of food is taken; necessary sleep should be procured even by narcotics.

My plan in acute mania, where the patient is very violent, is to give daily, from four to six ounces of old whisky, and if the patient will take food, let him have beef, milk, oysters, etc., three or four times a day. If he will not eat, feed him rich soups and milk with a stomach-pump. He soon will prefer

to take his nourishment in a more natural way. As a rule I strongly oppose the use of narcotics, but rather than allow the patient to go days and days without sleep as they often do, I give a free dose of Opium. Morphia, Chloral, Bromide of potassium, etc., will be found more harmful, if given in sufficient quantities to induce sleep, than Opium. The moral treatment of the insane is quickly told; under no circumstances deceive him or tell him a falsehood; let every promise be faithfully kept; do not agree or disagree with his insane ideas; let him talk and gibber as much as he likes without interruption, unless you can lead his mind from the insane impulse, that continually drives him on to do just as he does, by which we know he is insane. Firmness and kindness must be practiced by those who nurse him, and under no circumstance or condition retain an attendant that shows anger, or who is not ever patient in his dealings with an irresponsible being. I cannot give the homœopathic treatment in this paper without occupying too much of your space; I will give it in a subsequent article.

USE OF THE FORCEPS BELOW THE INFERIOR STRAIT.

BY J. C. SANDERS, M.D.,
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(Professor of Obstetrics, Homœopathic Hospital College.)

(Read before the Indiana Institute of Homœopathy, May, 1878.)

INVITED by the Secretary of the Institute to contribute something at my discretion, which possibly might be of interest to your honorable body, most respectfully I submit a few practical suggestions on the use of the forceps in obstetric art.

That my paper may not prove tiresome by its scope, I will limit it to a single division of the general subject, and invite attention only to the

USE OF THE FORCEPS BELOW THE INFERIOR STRAIT.

When used to complete the delivery of the head after it has been extricated from the restraints of this strait, the forceps are used, because either they have been required earlier in the case by some necessity at the superior strait, or within the excavation, or at the outlet, and are already upon the head; or some exigency is thought to arise which compels their application for the first, so late in the progress of the labor, that the head is exclusively within the grasp of the vulvular soft parts, and are thereafter used to hasten the delivery, or to supplement the natural powers for its successful completion.

I wish here to state my conviction, that the cases in which there is a necessity for the use of the forceps for the first, after the head is beyond the restraints of the outlet, are very rare, so rare indeed, as to be exceptional. I will not deny their possibility.

The great majority of cases, therefore, in which the forceps are used for delivery from below the inferior strait, are those in which they have been used from some necessity earlier in the labor, and are continued in use because they are already upon the head, and readily subserve the completion of the birth.

Already upon the head, they afford the obstetrician at this point in the labor a tremendous advantage and a tremendous temptation. I say tremendous advantage, because the obstructive restraints have been already overcome, and there is now nothing left to resist, except a thin plane of muscle and membrane, the vaginal sphincter, the fourchette, and the perinæum; and I say a tremendous temptation, the patient's anxiety to be through with her humiliation and suffering, the alarm of husband and helpers, the obstetrician's own fatigue, and duty calling in other directions, motives of haste as a measure of skill, the name and fame of an obstetric triumph; these all conspire to impel a hurried completion of the birth, a temptation which is prone to unsettle and disqualify judgment, and make it the prey of a weak, blind, inconsiderate ambition.

And what is the record? Traumatic injuries of the soft parts in pregnancy, and to a degree that is startling and humiliating; disrupted vaginal sheath, broken down fourchette, torn perinæum, even to the extent of making a common pouch of vagina and rectum, with all their inevitable entailment of suffering and infirmity, for years, if not for life.

I will not deny there are possible cases wherein it is necessary to the safety of mother or child, or both, that the delivery of the head be aided through the soft parts by means of the forceps; but I affirm they are extremely rare, so rare as to be exceptional in the class of forceps cases, and, therefore, I protest against this widespread and appalling violence in the name of obstetric art.

I will lay no charge of condemnation upon any man, but choose rather to make prominent a few obstetric precepts which are almost axiomatic, and yet become lost sight of or disregarded. These dreadful things occur:

First. In primipara cases, and in multipara cases, where there is no assured dilatability of the soft parts, and as soon as

the head is extricated from the restraints of the outlet, exceptional cases aside, the forceps should be removed.

The force of this rule is in the necessity of an attained dilatability of the vulvular and perineal soft parts before the head can pass in safety. Nature is wiser than art in this matter, and has her own mode of overcoming this resistance, a process described by a tension and a rest, then another stretch of the tissues and another relaxation with rest, and these repeated until such a dilatability is attained as to admit the escape of the head without violence to the resisting structures; and nature somehow demands that this law of gradual dilatation should be respected. The retention of the forceps upon the head, though no tractile force is exerted by them, embarrasses nature's observance of this, her own law, inasmuch as their presence *per se* is an excitor to more vigorous and oftener repeated pains than would otherwise occur, and thus this law of gradual and safe dilatation is to this extent violated; but it is chiefly violated by the exertion of any tractile force superior to that which nature would herself exert, and by this force rendered continuous, as by a steady, unrelenting pull. The forceps should, therefore, be removed, and the head's birth committed to the natural forces. These are almost without exception amply sufficient for its accomplishment, and will effect it more safely than art can do, for the natural forces rarely do violence to normal structures.

In case, however, of such an exceptional necessity as to forbid the removal of the forceps according to this rule, and to demand the continuance of their tractile force through the soft parts of the vulva, other rules must control, which are presumably familiar, yet evidently become lost in the maze and excitement of the exigency.

Second. If consistent with the demanded haste, nature's law of gradual dilatation should regulate the traction.

Third. If this law of gradual dilatation must be violated, the traction should be so directed as to keep the vertex in occipito-anterior position, or the forehead in unconverted occipito-posterior position, in as close contact with the face of the symphysis as the integrity of the soft parts, which the symphysis supports, will possibly bear.

A scrupulous regard for these three obstetric rules will, I believe, save from any serious rupture in every case to which forceps have any applicability. That they are not regarded, is sadly evidenced by the disastrous experiences of the profession in forceps delivery.

It is a most rational question, where rests the blame of this widespread and shocking violation of obstetric rules? It must rest with the profession, and yet the colleges where the profession receives its primary training and doctorate degrees, have not been above criticism.

Obstetrics as a science has been taught profoundly and well, but as an art, it has not hitherto been taught as it should be. No student should receive the doctorate degree and be intrusted with the responsibilities of obstetric practice, who has not only mastered the principles and teachings of the science, but whose hand has held, handled, guided, and become familiar with every obstetric instrument in use, in all the manipulations of obstetric art, under the special tutorage of the professor of this chair.

This practical mode of teaching is more and more demanded in all departments of learning, and in none is it more required than in this special branch of medical art. And for one, I rejoice that the homœopathic medical schools of the country are waking up to this great necessity, and are moving, not only to improve their standards of lecture and doctorate requirements, but are making their teaching more and more recitative and practical. I dare believe that ere long traumatic injuries will cease to humiliate and disgrace obstetric art, and from the primordial curse pronounced on woman, "In sorrow shalt thou bring forth children," the peril of a torn vulva will be blotted out forever.

PALLIATION VERSUS HOMŒOPATHY.

BY W. H. WINSLOW M.D.,

PITTSBURGH.

BOOKMAKING and polemics seem to be the forte of some of our physicians, who claim to be followers of Halmemann, and the practical side of medicine, the proving of their positions at the bedside, the real *iter per angustias*, takes a subordinate place in the wordy warfare. I have been much impressed by the position taken by Dr. Richard Hughes, in his answer to Dr. P. P. Wells, and I do not agree with the former, that *similia similibus curantur* is the rule of practice, but am as certain, as I am that stars shine, that it is the law of therapeutics. I am assured by my experience in the practice of general medicine, according to the allopathic law of *contraria*, that a

resort to palliatives is more dangerous to the patient, than it would be to do nothing at all. I am fully persuaded that one who advocates such a method of practice, who treats "some morbid states which are so temporary, and at the same time so distressing, that antipathic palliation is all they require," by palliatives alone, is not a follower of Hahnemann, and has no right to assume to teach Homœopathy. His position is exactly that occupied by half the old-school physicians in the world, and I fail to see any distinction, whereby he can claim to belong to us. If such is his practice, then every statement in Dr. Wyld's letter applies to him, and we must understand English homœopathy, as very different from that practiced by the great mass of our school in the United States of America.

I do not intend to discuss the phases of the subject, to spend my force in verbiage, but to present a clinical case, which will throw more light upon this question than a pint of printer's ink. What I have said above is a necessary preliminary.

In May last, J. A. W., æt. 48 years, married, a medium-sized, well-nourished, healthy-appearing man, came to me to have his eyes examined. He suffered from indigestion, had had several severe attacks of urticaria, which were usually relieved by Puls., Nux vom., etc. He had had several neuralgias about the face and head, occipital headache and slight palpitation of the heart; he made water frequently and had some pain in his back. His eyes smarted when he used them, and he wore convex No. 10. He was always worse from cold drinks, cold food, and frequently felt miserable after he had satisfied his appetite, which was very fair. The pulse, respiration, and temperature were normal. His position in life enabled him to have what he wanted, to travel and amuse himself, but he did not indulge in any improprieties of appetite or conduct. He said his eyes had been failing ever since he was 25 years old, and he had frequently changed his glasses since then. The eyes and appendages appeared normal; in the R. E. $V. = \frac{10}{6}$ Sn.; L. E. $V. = \frac{20}{6}$ Sn. With convex No. 10, vision was increased in the right to $\frac{2}{8} \frac{0}{0}$, and in the left to $\frac{2}{3} \frac{0}{0}$; there was no astigmatism.

Ophthalmoscopic examination confirmed the strong hypermetropia, and showed refractive media normal. In the right eye, the retina showed several large patches of retinitis albuminurica, and the optic disc was cedematous and cushiony, with indistinct margins. In the left eye there were some small patches of retinitis albuminurica, and pearly spots around the macula, with optic disk much the same as the right.

Diagnosis of Bright's disease was made, and urine being

examined gave sp. gr. 1012; albumen $\frac{1}{16}$, and epithelial and fatty tube-casts in the precipitate. Prognosis of death within 18 months was made to his family physician, unless speedily improved by treatment. Treatment recommended was, frequent warm baths, diminution of animal food, moderate exercise, a visit to the pine woods during the summer, and *Digitalis* θ , ten drops in half a glass of water, to take a teaspoonful every four hours.

Sequel.—The patient was terribly shocked, drawing his own conclusions from my examination, though I endeavored to calm him by hinting at cures of worse conditions than his, their frequent long duration, etc.

It having been hinted to him that I was not infallible, he consulted an old-school oculist, who, from mixed motives, could not see the retinal changes, nor the grave nature of the case, and promised speedy relief.

A placebo of another pair of glasses was ordered, and a mixture of Bromide and Iodide of potassium was given for the headache and renal condition. Thus he passed from his family physician, an excellent homœopathic practitioner, who was well aware of his condition, and who had kept him comfortable and safe by mild homœopathic medication, according to the law of *similia*—into the hands of a follower of *contraria* and palliation. For a short time, the patient was relieved of *headache*, then general anasarca developed, he took to his bed, sank into asthenic pneumonia, coma supervened, and death followed in about three months from the time active palliation began; the treacherous lull was followed by a hurricane, which destroyed his life.

How could he help dying? The kidneys were diseased, and were not able to eliminate the urea and salts of the disintegrated tissues, and they were in excess in the blood, as proved by the specific gravity of the urine, the neurotic urticaria, the poisoned and painful nervous apparatus.

To this waste, which was partly eliminated vicariously, and under the effects of which nature labored painfully, was added massive doses of alkaline salts, which are excreted principally by the kidneys; and thus, the greater accumulation of salts circulated, sensibility was obtunded, pain lessened, the muscular and nervous systems were debilitated, the red blood corpuscles lessened, hydræmia and effusions hastened, and nature assassinated.

Dr. Chauvet found, that *Kali brom.* was eliminated by healthy kidneys on the twentieth day, by diseased ones on the

thirtieth to the thirty-fifth; two grains of Kali iod. passed by normal kidneys in three days; by diseased ones after five to twelve.

What shall we call a physician, who, with such facts in existence, deliberately recommends palliation? Opium and Chloral hydrate, in the insomnia of many diseases, we find recommended by eminent men of our school; yet, if their action be studied carefully, and the pathological state in which they are applied be considered, no sane man would use them. The old school, even, are giving up one by one the sheet-anchors of their repressive practice; while we find men in our school, who should know better, advocating them in an evasive way, and furnishing arguments for the novice in practice to plunge into all the destructive empiricism of the ancient system.

It is very easy and fascinating to fit a pathological name with a drug, and to give a temporary relief, but it is going backwards in science, and argues an imperfect knowledge of characteristic drug action. When those who have been trained in the old system reject its methods, as false and dangerous to life, it is very astonishing to find members of a better system, men high in our school as teachers, falling in love with its delusions.

VICKSBURG OUR BANNER CITY.

WE have good news for you from Vicksburg.

Our veteran homœopaths there, Dr. T. J. Harper, seventy-seven years old, and Dr. A. O. Hardenstein, seventy-three, assisted by two sons of the latter, and also by a lady, a retired merchant, and a shoemaker, did a most beneficent work for the plague-stricken people, and made a glorious record for homœopathy.

They treated over twelve hundred cases with a loss of about five per cent.

Toward the last of the epidemic, so well known had their superior success become, few cases had any other than homœopathic treatment. In coming years, while our veterans live, or the young Hardensteins, or Mrs. Pease, or Mr. Pegram, or the worthy shoemaker (complimented by the City Board of Health) continue, the people of Vicksburg will not be slow in deciding upon whom to call, when the yellow fever makes its appearance.

We have most minute reports from Vicksburg, capable of the fullest verification.

D.

THE
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WM. H. WINSLOW, PH.D., M.D.,
EDITOR.

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Editorial Department.

THE YELLOW FEVER OF 1878.

IN all the annals of the scourge of the tropics we find no accounts of its spread over so wide a field, and of such damage inflicted upon human interests, in a single season, and in a single country, as during the last six months in the United States.

Although the daily press has placed before the public the history and many of the details of the epidemic, as it passed along, we consider it proper to present here a brief view, taken from a medical standpoint; a sort of sketch of characteristics worth remembering.

As usual, in this country, the first cases occurred in the city of New Orleans.

Recognized there in the month of July, the disease spread up the river to Memphis and along the railroad to Granada, becoming most fearfully epidemic at those and other places, even as far north as Hickman, Kentucky, and as far east as Chattanooga, Tennessee, before the end of September. Quarantines seemed ineffectual and disinfectants useless to stay its ravages.

Natchez, hardly ever exempt before, had a marvellous escape, while Holly Springs and other places, always considered safe, were terribly scourged.

Nashville and Louisville, opening their gates, were filled with refugees from New Orleans, Memphis, and other infected points. Not a few of these they nursed with the fever, and some they buried, yet with entire safety to themselves.

The characteristics of the disease were very similar to those recognized in former epidemics, especially that of 1853, when creoles in New Orleans and children and negroes were not exempt.

In some places the suppression of urine was a marked feature.

But we will not anticipate the reports in progress, which are expected to display the interesting particulars of the disease.

On the first of October, upon suggestions from different quarters, Surgeon-General Woodworth, of the Marine Hospital Service, appointed a Commission to inquire after *the cause, character and prevention of yellow fever*, consisting of S. M. Bemis, M.D., New Orleans, Jerome Cochran, M.D., Mobile, and E. Lloyd Howard, M.D., Baltimore, with Colonel Hardee, of New Orleans, as consulting engineer,

This Commission visited New Orleans, Memphis, Chattanooga, and many other places, gathering facts, making maps and estimates relating to the great epidemic.

It was announced that a preliminary report of their gatherings would be made at the annual meeting of the American Public Health Association, in Richmond, Nov. 19th.

Such a report was there made, the details of which we cannot give now. These are the leading facts submitted:

"First. We have not in a solitary instance found a case of yellow fever which we could justifiably consider as of *de novo* origin, or indigenous to its locality.

"Second. In respect to most of the various towns which we visited, and which were points of epidemic prevalence, the testimony showing importation was direct and convincing in its character.

"Third. The transmission of yellow fever between points separated by any considerable distances appeared to be wholly due to human intercourse. In some instances the poison was carried in the clothing, or about the persons of people going from infected districts. In other instances it was conveyed in such fomites as cotton bagging, or goods of some description, as bedding and blankets.

"Fourth. The weight of testimony is very pronounced against the further use of disinfectants. Physicians in infected towns, almost without exceptions, state that they are useless agents to

arrest the spread of yellow fever, while some of them affirm that their vapors are seriously prejudicial to the sick.

"Fifth. Personal prophylaxis, by means of drugs or other therapeutic means, has proved a constant failure. A respectable number of physicians think the use of small doses of quinine of some use in prevention.

"Sixth. Quarantines, established with such a degree of surveillance and rigor that absolute non-intercourse is the result, have effectually and without exception, protected those quarantined from attacks of yellow fever."

It is not our purpose to comment upon these statements at present; but we must say that, the strong verdict against the use of disinfectants, or the miserable and pernicious truck, carbolic acid and coal tar, seems to us most righteous.

The papers submitted by the Commission and other persons present, relating to yellow fever, were referred to special committees for careful consideration, reports thereupon to be brought in during the progress of the meeting.

The committee to which was referred the general report of the Commission, returned it with the following expressions of opinion:

"1. That it is evident that the Yellow Fever Commission has exercised great diligence in collecting data with regard to the late epidemic, and that its labors in this direction deserve the full approbation of the American Public Health Association.

"2. That the preliminary conclusions presented by the Commission are in accordance with the prevailing opinion of the medical profession of this and other countries, with the exception of that relating to disinfection.

"3. With regard to the method of investigation pursued by the Commission, the committee consider it as satisfactory, and in fact the only one which could have been employed, so far as obtaining the history of this epidemic is concerned.

"4. It is believed to be of great importance that the investigation thus commenced, should be made as thorough and complete as possible, in accordance with the methods of the Commission. But this Committee think it proper to observe, that the investigation should take a much wider range, since what is desired is to obtain, if possible, a knowledge of the cause of yellow fever, a knowledge which the most complete history of the epidemic which can be made, will not be able to furnish."

The committee go on to say: "If yellow fever is, as we sup-

pose, due to a specific, material thing, some means is desired of recognizing the presence of that thing, other than the fact of the occurrence of the specific disease in the human subject; some test which will enable us to say, for instance, here is a jar containing a substance which, if inhaled or inoculated, will produce yellow fever in a susceptible individual, and it will do this in any part of the country, if applied under proper circumstances." "The first thing to be sought is some animal or organism on which it may be possible to produce either yellow fever, or some specific and recognizable effect." This test obtained, the committee think the next step is easy. "We have to carry out a process of elimination to find out what constituents of the decaying filth are essential, and what non-essential; what secretions or excretions of the body are essential, and what are non-essential to the production of the poison," etc.

The committee think that the period when an epidemic is raging, is not the time to carry on such researches; and yet there must be cases at hand, in order to furnish the material for experiment. Havana is suggested as probably the best place for such an investigation.

The recommendation of this committee to alter the modes of inquiry, so as not only to take in all the incidents and lessons of the epidemic, but to go farther, to institute experiments upon the animal organism (human or brute), with the individual factors now supposed to act in the production of yellow fever, in order to arrive at a rational etiology of the disease, looks in the right direction. The idea of direct questions and positive experimentation in solving medical questions, is not new to our side of the house. We commend it to our old-school friends, especially in the development of *materia medica*.

But we imagine the experiments proposed in this case, taking in so many possible factors, so essentially diverse and so hard to grasp and handle, will not soon lead to any satisfactory or practical conclusions.

The several committees having reported, and considerable discussion having been had upon them, toward the close of the session, the following propositions were adopted with some dissenting votes (especially upon the first one), as declarative of the views of the association.

1. Yellow fever of 1878 was a specific disease, not indigenous to, or originating during that year spontaneously in the United States, and its appearance in this country was due to a specific cause.

2. Quarantine established with such rigor and precision as to produce absolute non-intercourse, will prevent the importation of the specific cause of yellow fever.

3. It is the duty of the General Government to aid in the establishment of a practical and proper quarantine by all means in its power.

4. It is the duty of the General Government to appoint a commission of experts to make a thorough investigation into the causes of yellow fever, and the best methods of preventing its introduction into this country, and to make such an appropriation as will permit of the securing the services of the best men, and of the best means for carrying out such investigation.

5. That it is the duty of the General Government to invite foreign nations to co-operate with it in the establishment of uniform and effective international quarantine regulations.

6. That whatever may be the practical value of quarantine, there is no doubt of the importance and value of internal sanitary measures, in the prevention or modification of epidemic yellow fever, and that this association strongly urges upon State and municipal authorities the great amount of responsibility, which rests upon them on this account, at times when no disease is prevalent or threatening.

In regard to these propositions, we need not express any very serious opinions. It would be interesting to all to see the editorials which hailed their appearance in New York, New Orleans, and other seaports and commercial centres in the country.

The enterprising and keen-eyed newspaper men, who had been watching the progress of the epidemic (and then of the Commission), noting every item of information for their readers, those workers for the public weal who sent their *unbiased commissioners*, their daring reporters, upon all parts of the plague-swept field, when they saw the grand result attained by the Woodworth Commission and the great American Public Health Association, in joint meeting assembled, thought of an old Latin expression, most appropriate to the occasion, which we need not repeat. It was only a *mouse* sure enough.

The first premise, so far from being generally admitted, is quite insufficient; viz., 1. *That the germs or seeds (specific) of the yellow fever were imported into our country in the year 1878.*

And the second premise is equally unsettled and insufficient;

viz., 2. *That quarantine may effectually and totally prevent the importation of the specific cause of yellow fever.*

And what is the conclusion worth, based on such premises or propositions? viz.,

3. *That it is the duty of the General Government to establish a quarantine, with such rigor and precision as to produce absolute non-intercourse, etc.*

The character of the assumptions, made in the major and minor propositions, seems equalled only by the alarming presumption displayed in the conclusion. But the declarations at the Richmond meeting were made with the understanding that they would be open to modifications, so that the report of the matter to Congress may show a different line of argument, as well as display of facts.

THE HOMŒOPATHIC COMMISSION.

Passing on we come to another important chapter in the history of the late epidemic. Feeling that the consideration of the single question of *prevention* was not sufficient, that the interests of the people demanded some reliable knowledge of *the best methods and means of combating the disease when present*, and persuaded that such information must come from those who have confidence in therapeutic effort, and who have had some encouraging experience in that direction, the friends of Homœopathy called upon Dr. Conrad Wesselhœft, of Boston, President-elect of the American Institute of Homœopathy, to appoint a commission, to inquire into the *Therapeutics of Yellow Fever*. He accordingly appointed the following well-known practitioners as such a commission :

WM. H. HOLCOMBE, M.D.,	<i>New Orleans.</i>
T. S. VERDI, M.D.,	<i>Washington.</i>
J. P. DAKE, M.D.,	<i>Nashville.</i>
L. D. MORSE, M.D.,	<i>Memphis.</i>
L. A. FALLIGANT, M.D.,	<i>Savannah.</i>
B. W. JAMES, M.D.,	<i>Philadelphia.</i>
WM. L. BREYFOGLE, M.D.,	<i>Louisville.</i>
E. H. PRICE, M.D.,	<i>Chattanooga.</i>
F. H. ORNE, M.D.,	<i>Atlanta.</i>
W. J. MURRELL, M.D.,	<i>Mobile.</i>

The chairman, Dr. Holcombe, called a meeting of the commissioners, to be held in New Orleans, December 2d, and issued a circular letter to all the Homœopathic physicians in

the South, who were known to have had any experience in the treatment of yellow fever.

The questions propounded in the circular letter were such as to call out the particulars of the epidemic, especially as to the therapeutic measures found most efficient. A willing response seems to have come from all parts of the great field.

The appointment of such a Commission on the part of the highest medical authority in the homœopathic school, had excited a general interest wherever announced ; but it had come with peculiar force, and as a friendly recognition of good work done, to the faithful physicians and their efficient helpers in the South.

The New Orleans daily press, especially the *Times*, gave very full and gratifying reports of the doings of the Commission while at work in that city.

After a week spent there, listening to papers read, and analyzing and comparing the contents of reports from practitioners, conferring with practical men, lay as well as medical, and looking over the special haunts of the fever in that great city, the Commission authorized the publication of the following views, as of probable interest to the public :

“The prevention of yellow fever does not fall strictly within the appointed work of the Homœopathic Commission, but as papers were presented and discussion elicited on the subject, it was thought proper to draw up a brief paper for the public, embodying the opinions of the Commission.

“Yellow fever is a specific disease caused by a morbid germ, which requires for its generation and diffusion a combination of factors, among which are the aggregation of human beings in a foul atmosphere, high temperature, long-continued calm weather, humidity, pestilential exhalations from the earth, and a deficiency of ozone in the air we breathe.

“Yellow fever is both imported and indigenous, and the most perfect quarantine against the former variety will not protect us in the least from the ravages of the latter. The progressive advances of science are now so great and so rapid, that we entertain sincere hope of a final deliverance from both.

“The public, we might almost now say, the national health, is too vast and important a concern to be intrusted to inefficient boards of health and spasmodic Congressional legislation. We recommend the creation of a permanent sanitary commission, ably constituted, well salaried, and invested by the government with large powers, to be composed of medical men, yellow fever experts, and of professed scientists ; which sanitary

commission shall devote itself exclusively to matters of public hygiene.

"Tropical yellow fever cannot be excluded from this country by the kind of quarantine which has hitherto existed. The exigencies of commerce and travel are so imperative, that nothing less than a military and naval cordon around the coast could secure us a perfect exemption. And whilst keeping up such defence from the enemy without, at enormous expense, the enemy within may spring up and develop into the most fearful scourge.

"The measures we recommend to prevent the importation of yellow fever are the following:

"1. An intelligent oversight of all the tropical ports during the summer months. The sanitary commission should have agents in all those ports connected either with our consulates or with responsible commercial houses. It should be their business to keep the commission regularly and frequently advised of the sanitary condition of every locality, to report the appearance and progress of the fever, the sailing of every suspicious or infected vessel, and to furnish all information the commission may require.

"2. The declaration of a discriminating quarantine only against ports notoriously infected, regulated in character and duration by the actual facts obtained by the commission.

"3. The thorough cleansing, disinfection, and refrigeration of every vessel arriving from yellow fever ports during the summer months. The character, mode, and extent of the disinfection will be determined by the studies and experiments of the commission in that special direction. We call attention to the refrigeration of vessels suggested to us by Dr. Bushrod W. James, of Philadelphia. From the recent inventions and improvements in the way of fitting up refrigerating rooms and ice-making machines, he is convinced that all difficulties can be quite easily overcome, and the hold, cargoes, and passengers of vessels can be subjected for two or three days to a low temperature, say ten or fifteen degrees below the freezing-point,—a temperature quite destructive of the yellow fever germ, but entirely compatible with human comfort.

"4. The sanitary surveillance for thirty days after landing of all persons coming from tropical ports and remaining in the city. No passenger should be lost sight of during that time. Physicians should be compelled, under heavy penalties, to report the slightest sickness among such passengers, and as

soon as yellow fever is diagnosed by experts, measures for the immediate suppression of the disease should be adopted.

"Quarantine is a delusive security; home-prevention is the great desideratum. Aggregation of human beings is one of the factors of yellow fever. It can only originate in the large towns and cities. New Orleans is notably the point of its development, and the centre of its radiating violence. Keep New Orleans in a perfect sanitary condition, and the great valley of the Mississippi is safe. Let it lie in its present state for another generation, and it will become a hot-bed of pestilence, which will cast its baneful influence along the line of rapid transit, and repeat in St. Louis and Chicago the horrors which befell New York and Philadelphia in the last century.

"Yellow fever germs exist always in New Orleans and other cities, in a feeble or latent state (which is what we mean by its being indigenous), waiting to be roused into activity by some fortuitous combination of all the factors necessary to their vitalization. To prevent that development we recommend the following measures:

"1. The thorough drainage of the city. This mighty work can only be efficiently achieved by the General Government. Whether that would be constitutional or not we need not pause to inquire. An intelligent people will some time or other so modify their government that it shall recognize the superior claims of the health and lives of its population, over those of railroad companies and harbor improvements. As is well known, the topography of New Orleans presents very considerable difficulties in the way of a perfect system of drainage, but not such as to be insuperable to engineering skill.

"2. The constant irrigation or flushing of the street gutters and canals by fresh river-water, pumped in daily by steam apparatus. Allied to this measure is a perfect system of water-works, which shall give an abundant supply of river-water for drinking, bathing and cleansing purposes, so as to supersede the use of cistern-water almost altogether. In this connection we may mention a curious fact communicated to the commission by Mr. Harry Hammersley, who keeps a floating bathing establishment in the Mississippi River. One hundred and fifty boys under twelve years of age took one, and some of them two baths a day during the whole season, and not one of them had the yellow fever, although it prevailed extensively among their families, and children of that age were peculiarly liable to it.

"1. The consumption of all the city garbage by cremation.

This new process has been extensively experimented upon during the last six months in the city of New York, and with extraordinary success. The plan has been described to us by Dr. George F. Foote, of Stamford, Conn., a brother of the inventor. A single large furnace has been so constructed as to consume 1000 loads in twenty-four hours. The garbage is not handled, but dumped immediately from the carts into the furnace. The combustible material mingled with it—old rags, paper, straw, vegetable debris, unburnt coal in ashes, the sweepings of stores, factories, streets, etc., is about a sufficient supply of fuel for the whole work, when the fire is once started under a full blast. The gases from the combustion, carbonic oxide, and carburetted hydrogen, are brought under the boiler and again burned to generate steam to drive the blowing engine. The expense for fuel is light; there is no escaping odor, and the residue or slag, about eight per cent. by weight, can be made available for useful purposes.

"One such furnace in each district of New Orleans would consume daily every atom of its garbage, deliver it from every pestilential emanation and odor, and give its atmosphere the sweetness and purity of mountain air. Nor will it be many years, in our opinion, before the people of New Orleans, who are compelled by the nature of the soil to bury their dead above ground, will discover that in their case, at least, cremation is the very best disposition to make of the human body, when the principle of life has abandoned its tissues.

"4. The generation of ozone to supply its deficiency in the atmosphere when detected by the proper instruments. This should be made one of the most special and important duties of the Sanitary Commission. Ozone is a peculiar gas, a modified form of oxygen, generated by electrical storms, and violent concussions of the atmosphere. It is so powerful as a disinfectant, that one part of it will purify three million parts of atmospheric air. Ozone is thus nature's great disinfectant and purifier, more subtle, powerful, and ubiquitous than all others, and we must learn to utilize this splendid gift of the Creator, to our own sanitary blessing. When it is deficient, deleterious gases accumulate and produce diseases of various kinds, and when the other factors of yellow fever production are present, the deficiency of ozone may be the determining element for the manifestation of the disease. The scientists of the Sanitary Commission will be provided with instruments and chemical means for detecting its slightest variation, and for restoring it in suitable quantity to the air, where, by the law of the equable

diffusion of gases, it will be almost instantly distributed many miles around.

"To illustrate our position that a true Sanitary Commission should not be composed of medical men only, we may state, that an admirable paper on the above subject was furnished us not by a physician, but by a member of the U. S. Signal Service Corps now stationed in this city.

"Suppose, however, that all efforts to prevent the importation or the spontaneous generation of yellow fever have proved useless, and a case of the disease appears, what is to be done? Here it is that we see the necessity and value of a permanent Sanitary Commission, learned and conscientious, exclusively devoted to the public interests, vigilant and inexorable, rich in resources and appliances, amply supplied with money, and wielding, by law, all the power necessary to effect its object.

"The commission could perhaps remove or isolate the patient, scatter the family to the country, quarantine the neighborhood, barricade the streets, refrigerate the chambers, ozonize the premises and the whole district, etc. It would be its business to collect facts, to receive suggestions, to theorize and to experiment, until it discovered some reliable method of stamping out the disease.

"At this point, and by way of illustration, we may allude to an interesting paper sent to us by Mrs. Ingraham, of Nashville, Tenn., advocating the repeated discharge of artillery, as a method of destroying the yellow fever germ. That method was employed at Humboldt, Tenn., during the late epidemic, and whilst every village in all directions around it, was more or less scourged, Humboldt was entirely unvisited by the disease. Mrs. Ingraham also alludes to some very satisfactory results, derived from a limited use of artillery in New Orleans, during the great epidemic of 1853. She thinks the microscopic germ, whether animal or vegetable in its nature, is destroyed by concussion, as all minute insect life is so destroyed in the neighborhood of a cannon when fired. It is probable that the yellow fever germ is neither animal nor vegetable in its character, but inorganic—a mere allotropic or peculiar molecular state of some of the gas ordinarily existing in the atmosphere, and the same theory of the good effect of artillery discharges is, that during the electrical excitation so occasioned, a quantity of ozone is chemically generated, and serves as a purifier of the atmosphere.

"Yellow fever can never be stamped out in its incipency, unless the Sanitary Commission we recommend has a consider-

able legal power over the medical profession. Physicians are notoriously slow and remiss in reporting dangerous and contagious diseases. Many cases, no doubt, exist in every epidemic before the average board of health discovers a single one. The professional conscience needs educating up to a higher degree of sensitiveness in relation to our responsibility and our duties. One incorrect diagnosis may prove a blunder fatal to many thousands, and silence is sometimes a crime against society. The prompt co-operation of the entire medical profession with the Sanitary Commission, might lead to the detection of the earliest approach of yellow fever—the only time when the resources of science can be successfully brought to bear for its extinction.

“The science of public hygiene is a babe new born. A permanent Sanitary Commission will be one great step toward its development. It must have far greater powers than those of the present Board of Health. It must be a specialty. It must be liberal and unbiased. Its organ should be open to all schools and parties. It should conscientiously compare all the different methods of treatment. Its supervision should be extended to all diseases. Thus, after years of patient study, observation, experiment, comparison, and elimination, it will arrive at positive conclusions, the discovery of true principles, and the perfection of sure methods for the conservation of the public health.

“This, and nothing less than this, will satisfy that grand and comprehensive view of the subject which the intelligence and patriotism of the American people will eventually lead them to take.

“The Commission adjourned after receiving the report, and the members left last evening for Vicksburg, where the investigation will be continued, as well as at Memphis, Chattanooga, and Mobile.

“The final report of the Commission will not be made for some time.”

The appearance of this wise and timely declaration, on the part of the Commission, seems to have been received, at New Orleans and other places in the South, with much favor. It compared so favorably with the sentiments and recommendations, sent out by the Woodworth Commission and the American Public Health Association, at Richmond, presenting fresh thoughts and suggestions, at once reasonable and practical, in place of old-time and exploded notions, it called out favorable comments from the leading papers of the country. We must

give some of them here, in order to show the drift of public sentiment.

The New Orleans *Daily Times*, of Dec. 10th, the leading paper in the yellow fever district, says, editorially:—

“Now that the Homœopathic Commission has finished that part of their labors which directly concerned the investigation of the yellow fever question in New Orleans, it is time to inquire into and give some of the results attained. In regard to the character and aims of the Commission, it is proper to state, that they were appointed by the National Society of Homœopathic Physicians, to examine that portion of the field not traversed by the Woodworth Commission, namely: the therapeutics or treatment of individual cases.

“In the Commission are representatives of the leading homœopathic medical men of the United States, chosen each for his particular acquirements in the theory and practice of medicine, and experience in wrestling with the yellow fever. These gentlemen were selected by the highest medical authority in the homœopathic profession, and come, with but two exceptions, from the cities of the South. New Orleans was taken as the starting-point for the investigation, because this is where the disease is usually supposed to begin its march; and because it was to be expected that in this city, which has grown old in fighting the fever, the facts most important concerning the therapeutics of the disease, could be obtained.

“This last expectation has not been delusive. The Commission, after a session of five days, have collected from physicians, from the Board of Health, and from leading citizens, a vast amount of valuable evidence. This evidence was subjected to the most rigid scrutiny, the object in view being to establish what special methods of treatment have been used, and what remedies have been most efficient in the three chief stages of the fever. Testimony on these points has been received from resident physicians of this city, of Vicksburg, Natchez, Memphis, Jackson, Chattanooga, Savannah, Charleston, Mobile, Galveston, and other places.

“The results so far obtained are satisfactory. There is very great unanimity of opinion and concurrence of experience among the corresponding physicians of these widely-separated towns. The leading remedies, four in number, have been practiced by all in common, some putting more faith in one of the four, and others preferring another, although none go outside of these four, thus showing that the remedies efficient in New Orleans have been used with like success in the other

southern cities. It is claimed by the profession that this unanimity of practice and success attendant are due to the recognition of *similia* as a law of nature governing the use of medicine.

"In regard to the question of quarantine, most thorough inquiry and discussion has been carried out. Knowing the matter to be one of vast importance, and feeling, themselves, the deepest interest in the results of their investigations, the Commission approached the subject with care and examined into it conscientiously. They have decided that it will not do to depend for security wholly upon quarantine or upon disinfectants. While good in their place, and, under ordinary circumstances necessary, they have proven fallible, and not sufficient protection. A discriminative quarantine should, therefore, be employed.

"The above is, in very brief form, all that can as yet be generalized from the work of the Commission, but this summary must not be taken as the sum total of the beneficial results we may hope to receive from the investigation now going on. It will not be until the final and detailed report of the Commission is presented to the National Society and published under that society's auspices, that we can properly judge the work done. As far as regards that part of said work performed in this city, we can easily recognize it as valuable, and can congratulate the Commission upon their success."

This is a commendation gratifying to the gentlemen of the Commission, and encouraging to the profession and the people especially concerned in the prevention and treatment of yellow fever.

From the daily reports which were in the columns of the *Times*, we presume a representative of that paper must have been present at the sessions of the Commission in New Orleans, observing closely the progress of its investigations.

The *Atlanta Constitution*, the leading paper in Georgia, in an editorial, December 15th, says:

"The Homœopathic Yellow Fever Commission went to work in a quiet, practical, and efficient way; and although their investigations are by no means finished, they have arrived at several conclusions of general importance. They are agreed in pronouncing quarantine a delusive security. They regard home prevention—that is, sanitation—the chief safeguard. They consider an aggregation of human beings one of the factors of yellow fever. In other words, the disease cannot be originated outside of the large towns and cities—New Orleans

being notably the point of its development and the centre of its radiating violence. Keep New Orleans in a perfect sanitary condition, and the great valley of the Mississippi is safe. Let it lie in its present state for another generation, and it will become a hotbed of pestilence, which will cast its baneful influence along the lines of rapid transit, and repeat in St. Louis and Chicago the horrors which befell New York and Philadelphia in the last century. We cannot do better than to give the substance of the recommendations of the Commission."

Having the full text of the New Orleans report, we omit the summary of its recommendations furnished by the *Constitution*.

At the conclusion of the work in New Orleans, the Commission divided up its task, sending a part of its members up the Mississippi to Vicksburg, Jackson, and Memphis.

Some mention of what was found at Vicksburg appears in another place, and will be read with much interest.

At Jackson, Mississippi, we had but one physician, Dr. Hough, who did good work, though himself sick during a part of the period of the epidemic.

At Memphis the Commission seemed to have been well received and to have made a good impression, as shown by the following editorial in the *Daily Avalanche* of December 13th:

"HOMŒOPATHIC COMMISSION—RESULT OF INVESTIGATIONS IN MEMPHIS—DEPARTURE FOR THE EAST.—The members of this body were busy yesterday and last night among our physicians at the health office and with some of our observing citizens, gathering facts and figures relating to the treatment of yellow fever. A member stated to an *Avalanche* reporter that they were taken over the ground first occupied by the late epidemic, as well as former epidemics, and were shown how it radiated out through all parts of the city and into the country.

"At Vicksburg the disease pursued much the same course as here, prevailing upon every street—the high, and dry, and clean, as well as the low, and wet, and filthy. They report therapeutic means as highly successful there in the hands of the homœopathic practitioners, and even of laymen and ladies, under their direction.

"Here they find that, owing to the early prostration of Dr. Morse with the fever, and the illness of Dr. Buddeke, and absence of others, the homœopathic practice had not the

extended showing found in New Orleans, Vicksburg, and other places.

"They express themselves as gratified, however, to find it very successful, so far as applied by Dr. Quimby and others, and that the severe measures of the past were very generally abandoned by all classes of practitioners.

"This Commission, while advocating a rigid quarantine when definitely required, seem striving to arrive at a satisfactory conclusion, as to the best means of dealing with the fever when actually present. They regard the wholesale depopulation of a city, in order to stay the plague, as a great evil, to be resorted to only when nothing else will do.

"They recognized the wisdom of such a measure in Memphis during the late epidemic, under all the circumstances. But they hope, when through with their inquiries, to have something to offer the public which, applied as in Vicksburg, will obviate the necessity of a wholesale depopulation.

"The public mind can see no reason why medical men, whatever their theories and affiliations, should not carefully note their experiences and compare the results, without fear or prejudice, in order to arrive at principles and rules of the greatest practical value.

"In manufactures, commerce, agriculture, engineering, etc., experiences and practical results are allowed to decide all issues. Why not in medicine, also?

"The gentlemen of this Commission, having completed their work here, left last night for the East."

Every mention of the labors and progress of the Homœopathic Commission by the press of the country, especially in the South, has given evidence that our physicians in the great battle-fields of the plague have done nobly, bringing increased safety to the people and honor to homœopathy.

We cannot too much admire the devotion, not to say heroism, of those physicians, who stood by their people and fought the plague at the peril of their own lives.

They deserve praise and honors, and, if we mistake not the signs of the times, they will have plenty of both, with increasing clientage and practical rewards.

With much pleasure, I give the following editorial from the *Richmond Dispatch*, December 19th:

"A recent convention of homœopathic physicians at New Orleans adopted a very sensible paper, and we state its principal points, with no design to show any partiality for any method of practice amongst physicians.

"According to this report, the convention of homeopaths considered the yellow fever to be a specific disease, caused by a morbid germ, which re-

quires for its generation and diffusion a combination of factors, such as the aggregation of human beings in a foul atmosphere, high temperature, long-continued calm weather, humidity, pestilential exhalations from the earth, and a deficiency of ozone in the air we breathe; that the disease is both indigenous and imported, and that the most strict quarantine against the latter would not be a protection against the former; considering that the germs exist in a latent state at almost all seasons of the year in the tropics, awaiting to be roused into activity by some combination of the factors necessary to their vitalization. To prevent this development they recommend the strictest sanitary measures.

"They take a strong stand against a national quarantine, and recommend the creation by the Federal Government of a permanent sanitary commission, composed of medical men, yellow fever experts, and scientists, to be devoted exclusively to matters of public hygiene."

This, coming from the most influential daily paper in Virginia, and from the place where the Woodworth Commission made its report, and the American Public Health Association incubated and brought forth its recommendations in favor of a rigid national quarantine, etc., is gratifying to the gentlemen of our Commission, and beneficial to the cause they represent.

A very interesting paper was read before the Commission at New Orleans, December 5th, by Mr. W. U. Simons, of the Signal Corps, U. S. A. We commend its careful perusal, recognizing in it facts and suggestions of great importance in sanitary science.

The joint committee of Senators and Congressmen has now at work upon the field, experts from the Woodworth Commission, with one from the Homœopathic Commission, Dr. Falligant, gathering up facts and opinions in relation to the causes, nature, and prevention of yellow fever.

Physicians of experience are brought in by subpoena, and called on to tell what they have observed, and what they think in regard to the recent epidemic.

Dr. Holcombe has thus been brought in and interrogated; and we are pleased to see the number of prominent allopaths corroborating his views since the publication of his testimony.

If the experts continue to pick up such facts and opinions, and then honestly lay them before the gentlemen of the Congressional Committee, we predict a division, and a majority and a minority report for Congress.

The board of experts is to be in general session at Washington on the 15th of January.

The report of the Homœopathic Commission is rapidly nearing completion, and will be in the hands of Drs. Verdi and Falligant, in Washington, ready for presentation to Congress, when that body is called upon to consider the recommendations of the Woodworth experts.

The Chairman of the Standing Committee on Legislation of the American Institute, Dr. T. S. Verdi, has long been accustomed to watch the course of things in Washington, and will not suffer our interests to be neglected there. Dr. Woodworth, and the bigoted clique controlling the American Public Health Association, have long enough employed the public money to further partisan ends, to print their own gatherings and those of their friends, regardless of the interests of science and the demands of simple justice. A good specimen of such work may be seen in the *Report on the Cholera Epidemic of 1873*, published by act of Congress.

We have taken considerable space for the subject of yellow fever, considering it the most important and pressing of all medical questions now before the profession and the people.

We trust the recommendations shadowed forth in the *New Orleans Times*, as coming from the Homœopathic Commission, may prevail in Congress, and that the evidence of the great superiority of homœopathic therapeutics, submitted in the final report, may have its due weight among medical men all over the land.

We shall give some further news of importance from Washington in our next issue.

TROUBLE AT MICHIGAN UNIVERSITY.

It is gall and wormwood to old-school doctors to see homœopathy prosperous, and it stabs them to the heart that sensible people espouse the cause of *similia*, and force its teachings into old and honored universities. The first wedge that rent allopathic bigotry like a thunderbolt, was the introduction of a Homœopathic Department by the enlightened people of Michigan into their State University. Every attempt was made by the allopathic department to obstruct the initiation of the new régime, even to the resignation of almost the entire old-school faculty; but this did not delay matters, the new school was organized and commenced its work.

The obstructionists, finding that they could not bulldoze the trustees, nor the legislature, and finding that their chairs were likely to be filled by gentlemen who did not regard an exercise of one's judgment as criminal, were very glad to compromise, to sneak back under various excuses; but they did not forget their discomfiture. The old department had the advantage of a numerous faculty, the possession of apparatus

and prestige, the control of clinics and hospitals, and they did not hesitate to impede the workings of the new department, and to take every unfair advantage of it on all occasions. The State Medical Society and the American Medical Association used coercive measures upon the faculty of the old school, and endeavored to capture the legislature, but all to no purpose.

With the exception of Drs. Ford and Dunster, whom we know personally as liberal gentlemen, the members of the old department have conducted themselves in a manner worthy of corner loafers, and the bigoted tyranny of the dark ages. Forgetting that this was the nineteenth century, they have endeavored to carry out their own ends by a resort to the most scandalous personal actions, and the most outrageous subversion of the rights of freemen.

The homœopathic department, and its friends, bore all with quiet protest and gentlemanly appeals, and often sacrificed their rights in minor matters to keep the peace, hoping that wiser judgment would finally prevail, and at least a truce be inaugurated. Thus have affairs been at the University of Michigan, and many a good man of our school has deserted from the faculty, because of the perpetual worry and discomfort of the position.

Later it was deemed that sterner stuff must be appointed to fill vacancies; that professors in that persecuted faculty must be powerful in mind, character, and muscle, and that the forever yielding to pressure, in order to preserve peace, must cease.

The last appointment filled up the corps to fighting strength, and Prof. Franklin camped on the field; a new man, it was necessary to try his mettle, and immediately the whole pack of trackers, pointers, and bloodhounds were turned loose, and the allopathic flints were picked for easy victory. The annoyance finally culminated by the most outrageous and cruel conduct toward a patient of Prof. Franklin, whom he was obliged to keep in a hospital, placed under the old-school management. The old-school authorities, not only permitted this weak sick woman to be utterly neglected by the hospital attendants, but when she complained of ill usage, abused and threatened her in a shameful manner. Not respecting the rights of the patient, nor those of the attending physician, Dr. McLean persisted in his attempts to gain a denial of the woman's statements, by visiting her late at night, and even taking a lawyer to her bedside to induce her to make an affidavit.

When this last outrage was reported to Prof. Franklin on

his morning visit, he left his overcoat and went to Dr. McLean's office, excited and angry, as any gentleman would be. His demand for explanation and apology was met by an offensive epithet, and a blow which grazed his cheek, whereupon he immediately knocked his opponent down, and choked him somewhat, as almost any one would have done under the circumstances. We don't know where Prof. Jones was just then, but we are inclined to think that if he had been around, Prof. F. would not have been hauled off so soon by Dr. McLean's friends. The old fellows, beaten at every point (we hope McLean was), have now gone to the courts with a paltry charge of assault and battery, and addenda.

The people of Michigan will see justice done, and the friends of Prof. Franklin may feel easy about him; he has demonstrated in all ways that he is able to take care of himself.

We trust the allopathic department will hereafter be very careful how they venture upon homœopathic preserves; our homœopathic faculty is now prepared to carry the war into Africa, and we will not be responsible for the personal safety of any one who undertakes to bulldoze them.

OUR yellow fever editorial has taken so much space, we are obliged to postpone the publication of some very important articles until our next number.

WE thank the members of the Homœopathic Yellow Fever Commission individually, and collectively, for the numerous journals, teeming with news of their doings in the South. They have made a record, and excited an interest in our system of practice unparalleled in the annals of homœopathy.

Book Department.

We Dissert Books, not Authors.

CLERGYMAN'S SORE THROAT. By E. B. SHULDHAM, M.D.,
etc., England.

This is a neatly printed little volume, brought to our market by Messrs. Boericke and Tafel.

I have perused its pages with much satisfaction, admiring the author's plan, and the freshness and eloquence of his language.

We have here a specimen of the improved style of practical treatises, which we hope may abound in our medical literature. In place of the symptomatology of clergyman's sore throat, and then a list of medicines, two hundred or three hundred in number (with all the symptoms of each which in one way or another point to the human throat), arranged alphabetically, we have a brief, clear description of the parts implicated, of the abuses to which they are subjected, of the conditions recognized, as the *clergyman's sore throat*, and then of the remedies most efficient. And, coming to the therapeutics, the author speaks first of injurious and worthless measures, such as severe caustics, lozenges, jujubes, etc.

Then come the homœopathic remedies, with the special indications for each.

Having paid much attention to the homœopathic treatment of this affection, I bear witness to the efficiency of every remedy named. In this country, I imagine, we find dyspeptic complications more frequent than in England. I have found the imprudent eating and want of physical exercise, on the part of clergymen, a frequent predisposing cause of sore throat. The heated condition of the stomach and œsophagus has often extended to the pharynx, making its mucous, and often its muscular tissues sensitive to cold, as well as to over exercise in speaking or singing.

While *Hepar sul.* has been my most frequent remedy, especially in chronic cases, I have seen great benefits from *Nux vomica*, *Nitric acid*, *Arum tri.* and other medicines called for in dyspeptic conditions.

The author has given us some excellent chapters on the elo-

cutionary treatment, the art of breathing, and the hygiene of the voice.

This book should be in the hands of every clergyman, whether suffering with sore throat or not.

It is full of useful hints for singers as well as speakers.

I would mention two recommendations, which I often make for such persons: First, a morning cold sponge bath, for neck and chest, followed by brisk, dry rubbing. Second, after speaking or singing, a cup of hot tea, or a gargle of hot water.

The bath fortifies against cold without, and the hot application within, relieves the fulness of veins and irritability occasioned by severe use of the voice.

Dr. Skuldham is not unknown to the American profession. They will welcome this contribution from his ready pen.

Nashville, Dec. 20.

J. P. DAKE.

ELECTRO-THERAPEUTICS AND ELECTRO-SURGERY. By JOHN BUTLER, M.D., L.R.C.P.E., L.R.C.S.I., etc. Boericke & Tafel, New York and Philadelphia, 1878. Pages, 272. Cloth, \$2.00.

This admirable treatise is at once comprehensive without tediousness, systematic without being ponderous. The homœopathic practitioner will be pleased to have the latest data upon this subject, given in connection with the pathogenesis and symptomatology. A brief review of the contents will give the reader of this notice an idea of the scope of the work, and provoke an appetite for the food here offered for mental digestion.

Part First, consisting of three chapters, covers the ground of *Materia Medica*. This will especially interest students of symptomatology. The scheme of comparison between galvanism and faradism in parallel columns, gives, at a glance, the similarities and differences of the pathogenesis, while the succeeding symptomatology is full and suggestive.

Part Second, starts with some sound propositions: the first two may be commended to the attention of all. "1st. Electricity is neither a panacea, nor the contrary—a worthless remedy—but a polychest of infinite value. 2d. The symptoms produced by it are unique and peculiar; that is to say, it has few analogues in the *materia medica*, and there is no remedy or number of remedies, that can completely fill its place, or be used as an efficient substitute for it." We commend that conclusion to the conscientious consideration of any homœopathic practitioner who, being well informed regarding the dynamic

force of potentized drugs, has hitherto ignored this dynamic force, or perhaps done even worse, scouted its claim to a place in the *materia medica*. In the fifteen chapters of this part, we find full consideration of every disease, "given in the useful repertory order," with illustrative cases; a sort of didactic clinic, if one may use the paradox. In this department, the student will find many valuable hints at pathology and diagnostics, in addition to therapeutics of electricity.

Part Third, chapter 19, has seventy-five pages devoted to methodology. With the precise and complete instructions as to procedure in every case, it would seem that a tyro might be guarded against mischief; this chapter is fully illustrated.

Part Fourth, is of special interest to the obstetrician, suggesting rather than instructing in a field, which is rich in resources for woman's welfare.

Part Fifth, is of importance as regards medico-legal decisions. It gives the prominent points on which electricity throws light, when one is called upon to decide certain matters of differential diagnosis and prognosis.

Electro-surgery is considered in eleven chapters, covering sixty-four pages; these are fully illustrated, and give full details for minor and critical operations. The work closes with a discussion of the physics of the subject, dealing in an impartial manner with the vexed question of merits or demerits of the various instruments necessary in the armamentarium of the surgeon and physician.—H. C. H.

THE LAWS OF THERAPEUTICS, OR, THE SCIENCE AND ART OF MEDICINE. By JOSEPH KIDD, M.D. Published by C. Keegan, Paul & Co., London, Eng. Pages 232; 24 mo. 1878. Price in cloth, ——. For sale by Boericke & Tafel, New York and Philadelphia, etc.

Away down East, at the head of Penobscot Bay, a little above Belfast, my boyhood home, there is a long, narrow, high strip of land, that juts boldly out into the estuary, called Beaver's Tail. It is a rough spine, covered with stunted pines and spruces, and from its singular shape, attracts the attention of all who pass near it, on land or water. It did not escape those slack-fibred, weak-brained mystics, self-styled spiritualists; and some of them soon had a supernatural communication from Captain Kidd, that his enormous wealth, the proceeds of his many piratical cruises, was buried upon Beaver's Tail. Did they dig in the daytime before the curious and scornful

gaze of us boys? not much. The good as well as evil spirits are supposed to take supreme delight in carrying on their operations in gloom and darkness. So the hosts of believers were summoned nightly, and with lanterns and spades, witchery and incantation, the very prosaic work of digging up certain parts of the tail began. Boys whistled and paled as they passed, old women crooned in corners, and embellished the reports of leather sacks, iron-bound chests, and Spanish doubloons, until the community was half turned spiritualistic, and scoffers were silenced by loss of influence and threats of dreadful visitations. The Beaver's Tail was riddled by tunnels and caves, but none of the laborers became wealthy, and there was not seen a foreign coin in circulation, except the old Mexican quarter-of-a-dollar. The work ceased, the rumors died away, the spiritualists maintained a grave, non-committal conduct, and the tail preserved its dignified aspect; it was not waggishly inclined. What has this to do with a book review? We shall see.

In "Merrie England," with logical spade and sensorial pickaxe, by the midnight oil, another has been digging for hidden treasure; an heir to the piratical name, if not to the Spanish doubloons, and, by Jove! he has found it. Found what certain men have been digging for under spiritual guidance; found that the law of *similia* is the universal law for internal medication; that there are *some other laws*, which belong to the departments of hygiene, chemistry, and physics, which seem to infringe upon the law of *similia*, but which do not, when the domination of this law is restricted to its own province.

Hahnemann discovered *the law*, then built a system defective as those of Galen, Boerhaave, Broussais, and Brown. The *law* is not defective; the *system* is, and we should labor to improve the latter. The author says: "The bigotry and fancy of Hahnemann instituted infinitesimals and dynamization," which he rejects *in toto*.

We think Dr. Kidd too sweeping here. The aggregations of molecules in masses are not so effective, as when these molecules are separated, and particles of a soluble substance lie between. The fresh, loose opium pill will narcotize quickly; the old, compact, dry one will dissolve very slowly, act locally, produce little sopition, and thus be more effective as a *contraria* for a certain kind of diarrhoea.

In our practice, no experienced man can deny the greater efficiency of small doses over large ones. Take *Cuprum aceti-*

cum; small doses relieve the spasms and collapse of cholera; large doses vomit and kill.

The tendency of all science is to a subdivision of things. Physicists divide common white light into chemical and non-chemical rays. Chemists separate elements into atoms and hint at their common birth from hydrogen. The chemical ray will explode a jar of chlorine; the oxygen, which we breathe diluted, will burn steel.

There is, therefore, truth in infinitesimals, and dynamization to a degree; but because of that little truth, unscientific and enthusiastic followers of Hahnemann lose their heads and race themselves to death chasing shadows.

This has disgusted Dr. Kidd, as well as others, and in his anxiety to escape from bondage, he has forgotten the golden chains which all delight to wear who follow science.

"It is precious work to clear away the gross darkness of mock science, even when hidden under the appearance of learning.

"The need in the study of '*Materia Medica pura*,' is to discover accurately the individual actions of each remedial agent; to exclude all doubtful matter so as to bring into clearer light the special characteristics of each—wherein its curative sphere lies. Also to find out the influences that oppose the direct or curative action, in order to remove or obviate their opposing influences."

That has the right ring in our ears; it is evident the author understands *himself*, and is capable of clear thinking. He believes the ancients had the same diseases and poor constitutions we have, and says, "In ancient pictures and sculptures there is the same evidence of the scrofulous constitution, which is so easily recognized and so often met with at the present day."

The author shows the correlated action of different organs of the body—the kidneys and skin, the liver and lungs—and believes we should study and imitate nature in our methods of cure, meaning, more particularly in reference to hygienic, chemical, and physical adjuvants. He thinks the laws of therapeutics have been discovered and physicians are shutting their eyes to them, especially old-school men; the therapeutic storehouse is full, but neglected.

Finally, there are clear reports of very interesting cases, which show the author's methods of treatment, and they prove his sound belief in the law of similars as the curative law, though he does not fear to use palliatives when other measures fail. There's a heap of knowledge in this little work, and we

thank Dr. Kidd for his digging; he has unearthed hidden treasures. It ought to be read by every physician, because it will help many to think clearly, who are now suffering from mental dyspepsia. Its prose is fair, and it often becomes poetic in its diction. We like English books; to cut the leaves gives time to ruminate upon the facts between.—ED.

THE MEDICAL, SURGICAL, AND HYGIENIC TREATMENT OF DISEASES OF WOMEN, ESPECIALLY THOSE CAUSING STERILITY. By EDWIN M. HALE, M.D. Boericke & Tafel, Philadelphia and New York. Pages 298, 8vo., 1878.—A reviewer reviewed.—ED.

CHICAGO, December 30th, 1878.

EDITOR HAHNEMANNIAN: I do not usually find fault with the critics of my works, preferring to have them stand the test of practical experience. But you must allow me to defend my last "child"—my work on "Sterility"—from the misrepresentation of J. C. B., who, if he read it, must have read it carelessly:

1. The Part II, which he says the profession had seen before, was not only *revised* from the chapter on dystocia, in Richardson's *Obstetrics*, but was *enlarged* from a few pages to 100 pages, and not only treats of dystocia, but of nearly all the disorders of pregnancy.

2. I do not claim that "dry cupping" is homœopathic to acute congestion of the kidneys. It is simply a *derivative* action, which in all schools is allowable. The use of the "Bromide of lithia in delirium with insomnia may be secondarily homœopathic;" but granted it is *not*, its action is certain and curative, as several cases in which I have used it will attest.

3. J. C. B. says he fails to see the "similarity between the constipation of pregnancy and the Aloetic pill." So do I, and I distinctly stated, that it was an *aperient* which we may have to use to avoid a greater evil, which an enema, or the apparently homœopathic remedy will not remove, because the fecal impaction is *mechanical*, and beyond their reach. The idea that I claimed for such a pill any homœopathicity is absurd; as absurd as any attempt to remove a vast fecal impaction in the last month of pregnancy with *Nux. em.* If my critics will not misrepresent me, they may bear down as hard as they please; otherwise, I claim the right to answer them.—E. M. HALE.

Cleanings.

TRISMUS IN INFANTS (*Jahr. für Kinderheilkunde*).—Prof. Weber says that trismus or catalepsy in new-born children is not always in consequence of inflammation of the navel or its vessels, but is frequently caused by other influences. Prof. Weber observed them to follow the use of too hot baths. A single midwife, who could not determine the temperature of the water, brought him over 100 cases.—C. P. S.

ARGENTUM METALLICUM (*Homœopathische Rundschau*).—Dr. Huber proved *Argentum metallicum* in the 1st and 6th dilutions, and found that its principal action was on joints, and the tissues entering into their construction—bones, ligaments, cartilages, etc. It seems to produce neuralgic pains, rather than those of an inflammatory character, and should be useful in hysterical neuralgia. Dr. Sharp says, *Argentum metallicum* cured, in his hands, a very severe case of long-standing coxalgia in a young woman, and in another a knee affection, which had many symptoms similar to those in the coxalgia case.—C. P. S.

EPILEPSIA FROM FIBROMA (*Homœopathische Rundschau*).—Dr. Sonnenbrodt reports a case of fibroma in the larynx, which caused epilepsy. The tumor was situated on the left vocal cord, the patient being a man fifty-four years old, who had suffered for several years with hoarseness. The following year the hoarseness increased, and was complicated with dyspnoea. The patient became subject to epileptic attacks, especially at night. One of these attacks was followed by a parietic condition of the extremities of the left side, and the muscles innervated by the facialis of the same side. This paresis gradually disappeared, but the epileptic attacks increased in frequency and intensity, without being in the least influenced by the remedies employed.

The conclusion arrived at was, that the epilepsy and the tumor in the larynx had some connection. It must be stated here that the patient, fifteen years ago, had a number of slight attacks of epilepsy, which were cured by incising a cicatrix on the dorsum of the hand. Dr. Sonnenbrodt removed the tumor with a bistoury, and it proved to be a fibroma, 1.5 cm. in length, 0.6 in width, and 0.9 in height.

The hoarseness and dyspnoea, as well as the epileptic attacks, disappeared, and the patient remained cured.—C. P. S.

PHELLANDRIUM AQUATICUM (*Homœopathische Rundschau*).—Dr. Werner, of Wilster, reports two cases cured by *Phellandrium aquaticum*.

CASE 1.—In August, 1875, Dr. L. requested me to see his brother-in-law, M., who was employed in the chief revenue office in R., and take charge of his case, as he could not longer attend to him, owing to the great distance. I visited the patient, and found him to be a man fifty-three years old, stoutly built, who had suffered for thirteen years from bronchitis and emphysema, and atonic ulcers on the legs. Auscultation revealed coarse râles, respiration very short, cough continuous day and night, which compelled the patient to remain in a sitting position. There was great thirst, loss of appetite,

sleeplessness, and violent tearing-stitching pains in the ulcers; the hands were œdematous.

A peculiarity of the case was an aggravation of the general feelings during the increase of the moon, while there was improvement during the decrease.

Dr. L. informed me that he had prescribed *Ars.*, *Carbo veg.*, *Hell.*, and *Can. indica*, without apparent benefit. I gave *Phelland. aquat.*, 3d dec. dil., ten drops in ten tablespoonfuls of water, to take one tablespoonful three times a day. A decided improvement set in in three days, the cough diminished, expectoration was easier, respiration caused no trouble, and the swelling of the hands had disappeared. He received *Phelland.*, two doses daily. Four weeks later, his condition was much more improved; the dyspnoea was completely relieved; he coughed seldom; his appetite was good; sleep fair; the ulcers to which *Phelland. oil* (tinct. *Phelland.*, 21 grs.; *Ol. amygd.*, 30 grs.) was applied, and then covered with white cerate, looked well. Prescribed *Phelland. 12*, one dose daily. Two months later, all trouble had disappeared; sleep was refreshing, and the ulcers had healed.—C. P. S.

CASE 2.—The son of Baron von Hornstein, aged thirteen years, had suffered for six weeks with intermittent fever of the quartan type. The chill, which came on every third day at 4 P.M., and continued one hour, was preceded by severe rheumatic pains in the arms. The fever and sweat lasted two hours, and was followed by violent headache, nausea, and stitching pains in the feet. Generally the day after the attack, there would be entire inability to urinate, or it would pass off in small quantities with urging and burning pains. The patient had been for six weeks under the treatment of his uncle's family physician, who gave him Quinine without benefit.

After taking some unknown compound, the fever was suppressed for four weeks, but it came on again after the patient's return home. I prescribed *Bryonia* without any improvement; the attacks appeared equally as severe, and with the concomitant symptoms. Thereupon I gave him *Phelland. aquat.*, 3d, ten drops in ten spoonfuls of water, every two hours. The selection was a fortunate one. One more attack followed, but without headache, nausea, etc.; the urinary trouble also subsided. At a visit made two weeks later, I found the boy in good condition and healthy appearance, and he has since remained well.

Remarks by Editor of Homœopathische Rundschau.

The above reported cases confirm the fragmentary provings of the water fennels, which have been made up to this time. It has precise physiological therapeutic relations to the respiratory organs, especially influenza and certain forms of intermittent fever. It seems that the symptoms, in part, of the uropoetic organs, were essential to the selection of the remedy in Werner's case of intermittent fever.

Altschul not only gives as characteristic of *Phelland.*, "urging to urinate, pale urine," but he states that it has been empirically employed in blennorrhœa of the genital organs and kidneys, and in lithiasis. In reference to the latter, *Phellandrium* reminds us of the more-used *Lycopodium*, the parallel symptoms of which appear so much stronger, because "loss of appetite, aversion, nausea,

flatulence, and hard stool." are also regarded as characteristic symptoms of these remedies. But symptoms pointing to Phos., Ars., and Bry. are not wanting. Still, to the essential symptoms of Phellandrium belong "small black spots like petechia, disappearing without desquamation; hoarseness, with roughness in the throat; dry cough, with shortness of breath; stitches in the chest, and oppression." Who would deny that in these symptoms the picture of (epidemic) bronchitis, that is, influenza, is well and strikingly sketched? Finally, in fevers of a periodic character after the use of Phellandrium, a comparison with Arsenicum is justifiable.—C. P. S.

PHYSIOLOGICAL ACTION OF SALICYLIC ACID; EXPERIENCES UPON HEALTHY MAN AND ANIMALS. BY DR. HADRIAN *L'Art Med.* July, 1878).—In order to produce physiological effects, Salicylic acid ought, according to M. G. See, to be given in a dose of $\frac{5}{6}$ gram. Whilst a dose of 2 to 3 grams taken at one dose, or several times a day, produces nausea and vomiting, with sensation of heat in the pharynx and stomach: 5 to 6 grams, divided into 10 or 12 parts, and taken at intervals, produce no effect.

I. *Action on the digestive organs.*—Its action here seems to be marked as an irritant to the mucous membrane. The application of the powder on the mucous membrane of the pharynx produces a bitter taste, sharp and caustic; it produces a whitish coloration which is due to a superficial cauterization, and resembles the color from nitrate of silver, but it is whiter and more uniform. The irritation of the œsophageal track is in accordance with the dose employed. The nausea, vomiting, and occasional diarrhœa show the irritant action on the whole gastro-intestinal track. This is also shown in autopsies upon animals.

Wolfberg found in a dog to which 2 grams of the acid had been administered as an injection, a catarrh, very pronounced, with sanguineous effusions and even ulcerations. In a patient who had taken 12 grams of pure acid, Goldtammer found ulcerations of the stomach: the same lesion was observed in another patient who had taken 7 doses of 60 grams.

II. *Sensorial nervous system—troubles with the hearing.*—The action of the acid upon the senses has been most uniform, especially after doses of 5 to 6 grams. These phenomena consist of buzzing, roaring in the ears, together with sensations like the sound of waves, of rain, of thunder, of whistling, of locomotives. This action on the ear is somewhat similar to quinine, but the latter has vertigo, troubles with the vision, etc. These troubles have been noticed in rare exceptions from the acid, but not so uniformly as with Quinine. Following these abnormal sounds, we have sometimes a diminution in the sensibility of hearing. A continuation of the dose does not always increase the troubles; indeed, they frequently remain stationary, and sometimes disappear.

III. *Central nervous system.*—M. Scouly, Logothitides, reports the effect upon himself and friend, as producing a tendency to sleep more and more marked, a certain torpor, and a general fatigue, accompanied by muscular weakness, so that the tips of the fingers could not be made to touch the palm of the hand. In healthy subjects, Salicylic acid does not produce delirium, but in the sick it produces delirium very easily. M. See cites two cases of typhoid fever treated

by this medicine, in which he noticed a quiet delirium, and in another case, tetaniform contractions and collapse.

IV. *Heart, pulse, respiration, temperature.*—The action on the heart and pulse is a point involved in much controversy. In the healthy subject we observe sometimes a partial vascular derangement, showing itself in the intracranial or facial circulation, but the heart continues to beat regularly, the rhythm and number of pulsations remaining normal; the pulse is also unchanged.

Furbringer did not obtain any action upon the heat of the body, from doses administered to healthy men and animals, but when injected under the skin of rabbits, suffering with pyæmic fever produced by the subcutaneous injection of pus, a notable fall of temperature was observed.

Many authorities agree with the above, but Reiss asserts that he has witnessed a constant diminution of temperature from 5 grains of the acid. In twenty-three observations, the fall of temperature had a mean of .09 of a degree Centigrade, in four to six hours. Gédl, who repeated these experiments, obtained a fall of temperature in six cases, but in three others the result was negative. The rise of temperature is here to be noted also. Fiedler and See have seen the administration of salicylate of soda followed by fever; Lurmann has seen the same from salicylic acid in rheumatism; the pulse raised to 160, and the temperature to 41° C. He repeated the experiment three times with the same results. A young choreic patient, to whom M. See had prescribed Salicylate of soda, was seized with an onset of fever.

V. *Elimination of Salicylic Acid by the Urine.*—The elimination of the acid and the salicylates is equally rapid in the healthy subject and in the sick. The presence in the urine can be detected by a solution of Perchloride of iron, the urine taking a characteristic violet color. The acid affects the kidneys, the urinary secretion, and even the constituents of the urine. It is ordinarily diuretic, the quantity of urine reaching 2400 to 2500 grams. But this action is far from being constant. According to Gubler the acid would diminish the excretion in cases where there is an inflammatory condition of the kidney, but would augment it, on the contrary, when the kidney is healthy. It is eliminated by the skin, also, and it acts very often as a sudorific. Oulmont has witnessed it in the serosity of a blister, and Buss in the saliva.—T. M. S.

VALUE OF MICROSCOPIC STUDIES.—Dr. J. G. Richardson, in an article on Histology, says: Any one who has witnessed the action of dilute acetic acid upon the ciliary movement, must have observed the surprising revival of the motion, after it had become almost extinct, under this influence; and hence it occurred to me to examine the effect of exposing the ciliated cells to an atmosphere charged with the fumes of vinegar. This is readily accomplished by attaching a small glass-tube with sealing-wax to each end of a microscope-slide, and inverting a cover, charged with ciliated epithelium from the beard of an oyster, upon Dr. Stricker's putty ring, as directed by Dr. Schaefer, following Prof. Stricker's ingenious method. Then, when all is arranged beneath the objective, draw, by means of a rubber pipe held in the mouth, and attached to one tube, the vapor of boiling vinegar furnished by a funnel and another rubber tube to the small glass-pipe at the opposite end of the slide.

It is easy to see, after having once thought of it, that the same

potent stimulus to the action of the cilia beneath the glass cover of a slide thus arranged, must affect cilia in their normal position upon the mucous membrane of a patient, who inhales the fumes of vinegar. Therefore, as this wave of ciliary movement has so much to do in bringing out the mucus (which, in bronchitis and similar diseases, is poured forth to excess), and thus freeing the clogged-up air-passage, we have, I think, in such a histological observation, both an explanation of the old woman's cure for a cough, in hot vinegar, and a strong incentive to use it—in spray from an atomizer or otherwise—more persistently and systematically in bronchitis and allied disorders. It would also guide us to employ it in opium-poisoning, in paralysis, and in all prostrating diseases, when the lungs begin to fill up, probably in part as a consequence of enfeebled ciliary movement. The intractable nature of chronic Bright's disease is so much a matter of universal experience, that even a faint hope of greater success in its cure is worthy of consideration. One chance of successful treatment seems to lie, I think, in cutting off the supply of fat (for example, by an exclusive skim-milk diet) at the outset of the attack, and for this an early diagnosis of incipient fatty degeneration is necessary. Frequent observation of the remarkable power which osmic acid has of blackening, and thus detecting extremely minute globules of fat, suggested the idea, that this reagent might be advantageously employed in recognizing fatty metamorphosis in its commencement, and on trial I have found that osmic acid does enable us to discover in epithelial cells particles of oil so small as ordinarily to elude detection. The acid solution in water should be used, of the usual one per cent. strength, and this preparation, when secluded from the light, keeps perfectly well for months or even years. Its value in recognizing fatty degeneration elsewhere, as, for example, in the voluntary muscles, the heart, etc., is obviously great.—*Exc.*

LOCAL REFRIGERATION.—Clement, of Lyons (*Bull. Gen. de Thérap.*, 1878), suggests a sort of jacket of rubber to be placed around the waist, and filled with cold water, which may be renewed from time to time. A thermometer may be kept in the rectum to measure the reduction of temperature. A similar procedure, useful in local inflammation of a limb, is, to envelop this in a long rubber tube wound spirally about it, through which cold water is caused to circulate.—*Exc.*

DR. STONEBREAKER (*sic*), of Texas, says, the brain is not the source of voluntary power, etc. Dr. Hurd, away down East says: "When it is satisfactorily known, that the earth is not round: that the Copernican system is a mistake; that air is not a mixture, for the most part, of two gases; that lightning is not electricity; that the solar beams do not make cucumbers grow; then it will be time to entertain the above proposition. That the cerebrum is the source of all voluntary power properly so called, is a scientific doctrine, established by an amount of evidence that is not to be gainsaid by experiments on one alligator, or a dozen."—*Exc.*

HURD ought to have said, "I deny the allegation, and defy the alligator!"—*Ed.*

THE AURISTS cannot agree that Quinine will produce deafness. It causes congestion of the auditory apparatus and tinnitus. These disappear after the medicine is suspended. It is not improbable that

the congestion may pass into inflammation, in some susceptible patients, and thus deafness result.

A woman who had taken Quinine several weeks as a tonic, came to my clinic lately. She had no trouble with her ears when she began to use the medicine. Tinnitus came on in a few days, and had continued since, though the medicine had been stopped four weeks. There was no throat affection; the Eustachian tubes opened freely; the external canal was healthy, but there was injection of the vessels along the handle of the malleus, and the patient complained of a sensation of fulness in the head, and slight giddiness. She was treated by inflation, and Salicylic acid 3x was given internally. Improvement was gradual, but she ceased visiting before much change had been made in the symptoms. A close analysis of the case failed to reveal any cause for the ear trouble, except the crude doses of Sulphate of quinine.—*Ed.*

SONG of the medical student:—

If a body find a body
In a grassy dell,
If a body hook a body,
Need a body tell?
I'm the caddy hauls the body
To the picklin' shop,
And all the docs they envy me,
A carving of him up.—*Ecc.*

DR. HOFFMAN, of Vienna, reports rupture of the heart, and hæmorrhage into the pericardium from a pistol-ball striking the chest-wall, which did not even break the skin. We might call this a case of contre-coup.—*Ed.*

DR. PACKARD recommends that incisions upon the face, hands, and other uncovered parts should be made oblique, instead of perpendicular to the surface, as, thereby, healing is much hastened, and little or no scar results.

He presents a modification of the dry dressing of wounds, especially useful after removal of the breast; two strips of porous plaster are applied, one upon either side of the incised wound, and sutures passed like a lacing through the adjacent holes.—*Ext.*

DR. RICHARDSON, of London, lecturing on "The Positive in Remedial Art," and attempting to show that there is nothing positive, relates that six physicians were separately called to diagnose and prescribe for a patient: "There was a consensus of opinion as to the general mode of life which the patient ought to pursue; and one hand might have drawn out all the reports that were presented on the disease in its pathological aspects. Altogether, in fact, the six minds were as one mind, until the all-important subject of use of remedies came into question. To say that now there were not two minds alike, is to tell but half the story.

"The fact is, that the prescriptions written were as opposed the one to the other as any kind of opposition could possibly be. If the six prescriptions had been placed in the hands of a physician, who knew nothing of the facts of the case, he could not from them have made a guess as to the precise nature of the case. One prescription suggested a mere *placebo*; a second, what some would call a *nervine tonic*; a third, an *alterative* medicine; a fourth, a warm

stomachic mixture; a fifth, cod-liver oil and iron; the sixth, an antiphlogistic, with a counter-irritation."

DR. J. L. SMITH, in speaking of *Diphtheria* and *Ziemssen's Cyclopædia*, says: "These volumes occupied the centres of our private libraries, and were pointed out as the means which would be likely to elevate the profession of the country to a higher standard of medical knowledge. The treatise on diphtheria contained in this cyclopædia, the longest and most minute of any in the English language, was largely sought for and read, and an immense amount of harm done."

DR. J. R. BLACK writes: "That therapeutical improvement moves very slowly, any one can readily see by examining almost any of the leading articles of *Ziemssen's Cyclopædia*. The wealth of description, as to all the phases of morbid action, the thorough analysis of the pathology and pathogeny, involuntarily lead one to think such a masterly grasp of disease must certainly be able to give us something new and better as to its cure—the great goal of all our work. Keen disappointment first, then a thought akin to contempt at such barren and impractical learning, arise in the mind."

THE EDITOR OF THE MEDICAL AND SURGICAL REPORTER, Philadelphia, collates the above, and adds: "There seems little doubt but that, in regard to the all-important matter of the *treatment of disease*, this elaborate production of the German mind is frequently valueless, and sometimes dangerous. This is a most disappointing conclusion, and it is worth the intensest thought to discover why these laborers have failed so completely.

"We submit that nearly all of this failure can be traced to one or the other of three sources:

"1. A Theory of Disease.

"2. A Theory of Drugs.

"3. The Belief in the Uniformity of Disease."—*Exc.*

It is a happy sign of the times, that leaders of the old school are willing to acknowledge the impotence of their therapeutic resources. The overwhelming evidence in favor of homœopathy makes them weaken, and some of them are hating themselves, because they have made such opposition to a principle in the application of medicines, which they think *may be true* after all. Now let these worthy brethren just use our triturations and dilutions, which they have approved and accepted, according to the law of similars, and they will see *may become must*; and will shout—Hosanna to the Lord!—ED.

DR. SCHWEMIGER, of Munich, has been experimenting with diphtheritic fungus and membrane. He says the fungus found in the false membrane of diphtheria cannot be regarded as the essential bearer of the contagion; because the micrococci are found, as a rule, only in the epithelial layer; because, in less recent bodies, when rapid decomposition of the separated particles has taken place, they are present and appear, *pari passu*, with the septic or pyæmic poisons, which are found at the same time in the lymphatic glands, the vessels, and even in the kidney.

They are only an accidental accompaniment of the disease.

The diphtheritic material from the pharynx or larynx, when inoculated into the bodies of animals, does not produce the phenomena

of diphtheria, nor its lesions, but only gives rise to symptoms produced by inoculation with putrefactive matter.—*Exc.*

OUR MEDICAL WRITINGS ought to be condensed, in order to save reading so much to find out what we don't want to know.—*Ed.*

THE paper upon Diseases of the Rectum, read before the Allegheny Society, notwithstanding the objections made to it, was *fundamentally correct*.—*Ed.*

ARE not the eruptions on the face of our mother earth caused by chronic inflammation of her bowels?—*W. R. C.*

DIPHTHERIA IN PARIS.—The disease has been very prevalent the last two years. Tannin applied locally has been of some benefit. Salicylic acid and Salicylate of sodium have failed entirely. Cubebs, Copaiba, and Tr. Eucalyptus are of no use. Chlorate of potassium has proved the favorite and most successful remedy. Ferrand believes it acts locally. Steligmuller thinks it supplies oxygen to the blood, which he thinks has been robbed of that element by the bacteria.—*EXT.*

A YOUNG LADY, home from boarding school, when asked if she would have some roast beef, replied, "No, I thank you; gastronomical satiety admonishes me that I have arrived at the ultimate stage of deglutition consistent with dietetic integrity."—*Exc.*

IN FORMER TIMES, the man ate the cream (if the cat did not anticipate him), but now they cremate the man.—*Exc.*

THE GOVERNMENT OF SPAIN has sanctioned the practice of homeopathy in its dominions.—*Ed.*

PROFESSOR ALONZO CLARK, of New York city, says: "In chronic pericardial effusion the fluid, as we would naturally expect, is almost always of a sero-purulent character. I once had a case in which a gallon of it was found contained in the pericardium at the autopsy. It is the only one that has ever been reported, as far as I know, in which there was such an enormous amount of fluid."—*Ext.*

THE ANTHROPOLOGICAL SOCIETY, which met in Paris, last summer, think, since the relief of woman from the hard manual labor of man, and her protection and exclusion from professional struggles, that her cranial capacity has been diminished, and consequently her brain-power.—*Ext.*

IT IS NOT generally known that a most comical expression of Sothorn, the great comedian, one which never fails to bring down the house, is due to an ocular defect.

Immediately after one of his inimitable sallies, he turns his face towards the best quarter of the audience, lets one eye roll outwards, from its fellow, and gives with it a suggestive wink. The effect is grotesque, and people roar at it, if they do not at the joke. Sothorn is myopic, and has weak internal recti muscles. When he looks at near things the rectus of one eye yields, the eye diverges, and it is easy to wink. He turns a natural defect to excellent use.—*Ed.*

AN IRISHMAN said his physician stuffed him so with medicine, that he was sick a long time after he got well.—*Exc.*

THIS must be the same man that told his physician, who had written him a prescription for an emetic, "that it was no use to give it to him, he could not keep it down; he had just discharged one doctor for treating him in the same way."—*Ed.*

CLINICAL THERAPEUTICS by Prof. Hoynes, has been greatly improved in style by setting the cases solid, thus adding about one-third more matter.—*Ed.*

QUIDMUCK, OF BUNGLETOWN, is rapidly becoming famous. His changes on "to who," "to who," "to who," are full of genuine humor, besides "they point a moral and adorn"—resolutions. For a good hearty laugh, while you smoke your evening cigar, read the *Cincinnati Medical Advance*.—ED.

DR. A. CLAUDE, of Paris, France, at the Fifth Homœopathic Congress of Paris, gave an excellent résumé of the American Homœopathic Colleges and the London School, as preliminary to a discussion upon the propriety of establishing a homœopathic college in Paris.—ED.

PROF. ALONZO CLARK, of the College of Physicians and Surgeons, New York city, came into the amphitheatre to lecture upon Phthisis Pulmonalis, and began as follows: "Just before I left my office, a gentleman came in from Jacksonville, Fla., to consult me about his chest difficulty. I felt rather flattered at his long journey, and asked him how he happened to come such a long distance to see me. He replied, 'O, I heard of you in Florida.' One morning I came to the breakfast table at the hotel in J., and sat opposite an invalid from New York; glancing over the table, I saw the breakfast consisted of bacon, corn-bread, soft butter, heavy griddle cakes, molasses, and coffee without cream. Instinctively the invalid and I looked at each other, and he blurted out: 'Dr. Alonzo Clark, of New York, may understand this climate very well, but d——n him, I wish he had to eat this breakfast.'"—ED.

J. B. GOUGH, discussing whether alcohol is a food or a medicine, says: "It is much like sitting down on a hornet's nest, stimulating, not nourishing."—*Exc.*

DR. BLACHER (*Courier Medical*) reports excellent results from treatment of pulmonary consumption, in its first two periods, with glycerin instead of cod-liver oil.—*Ext.*

P. E. JULLION made out the following bill in 1781:

For transplanting a living tooth, £5 5s.

For transplanting a dead tooth, £2 2s.—*Ext.*

OZOKERINE.—"It is produced from Ozokerite or earth wax by the separation of lighter and denser hydrocarbons." This is our American Vaseline in masquerade.—ED.

PHOSPHODYNE.—This is a new old-school preparation of Phosphorus "patented, warranted, sealed, and stamped, under distinguished patronage," of fools.—ED.

HYPNOPOIETIC.—Another English preparation, not poetic, but somniferous, and thus like some poems. It is a solution of Opium, of the same strength as the Tincture opii, but does not produce headache, nausea, or constipation.—ED.

THE UNIVERSITY OF CALCUTTA, Calcutta, India, has a flourishing medical department. Lately a homœopathic practitioner of eminence there, a graduate of the school, was elected to fill a vacancy in the faculty. The senate, unfortunately, had not been instructed to stultify themselves, and like honest men, voted as they thought. The election made a great row, the faculty resigned, and Dr. Mahendra Lal Sircar, after some very lively correspondence, in which the faculty showed their stupidity, resigned his position, in order not to injure his *alma mater*.—ED.

DR. C. G. WHEELER, of Chicago, has gone to Mexico with the business men's excursion.—ED.

NOTES ON DISEASES OF THE EYE.—Professor C. H. Vilas, of Chicago, has just issued in card form for the use of students, his notes on diseases of the eye and their treatment.—ED.

DR. EMELINE H. CLEVELAND, a well-educated and much-experienced physician, connected as professor of obstetrics with the Woman's Medical College of Philadelphia, died of consumption, the 8th ultimo.—ED.

DR. QUIN, a very celebrated homœopathic practitioner in London, England, died from bronchitis, the 24th of November.—ED.

DR. H. C. PARKER, of Houston, Texas, we are sorry to learn, died December 5th. He was a good physician.—ED.

DR. G. C. GILBERT, Washington, D. C., sends the *first dollar* for a monument to Hahnemann. I will act as treasurer until some one is designated by authority.—ED.

THE TRANSACTIONS OF THE AMERICAN INSTITUTE OF HOMŒOPATHY, session of 1878 (Put-in-Bay), somewhat delayed by a variety of circumstances, will be ready for delivery to those who are square on the treasurer's books, on January 10th, 1879, and will be sent free of charge.

THE PROCEEDINGS OF THE WORLD'S HOMŒOPATHIC CONVENTION (1876), now going through the press, will be ready as early in the New Year as possible (probably by March 1st, 1879), and will be sent by express (charges not paid), to those entitled to receive the volumes.

THE GENERAL SECRETARY desires that all members of bureaus and committees, who wish for information on any subject, will communicate with him at once. The next meeting of the Institute, it is expected, will be a very largely attended and important one, and it is very desirable that the work shall be done in a thorough manner, as regards the reports of bureaus and committees.—ROBT. J. MCCLATCHEY, *General Secretary*.

ELIZA H. LANG, M.D., class of '77, Boston University, has located at 815 N. Twentieth Street, Philadelphia. She was a student of Harriet J. Sartain, M.D. We wish her success.—ED.

"THE VENERABLE DR. FREDERICK FOSTER QUIN, generally recognized as the first to introduce Hahnemann's method of medical practice into England, died in London, on November 24th, at the ripe age of seventy-nine. Of Irish family but of Scottish birth, and educated at Edinburgh when that city was in the zenith of its intellectual fame, Dr. Quin in very early life won his way to an enviable position in society, and secured a popularity among the highest classes, which he retained until his death.

"Dr. Quin soon got an appointment to travel with Prince Leopold, afterwards first King of the Belgians, and he subsequently became Physician in Ordinary to the Duchess of Cambridge, and general favorite at court, and in all the circles of the uppermost spheres of society. Of course, Dr. Quin's influence in giving tone to homœopathy was very great, and the establishment of the London Homœopathic Hospital, which was his work, showed that he was not a mere *dilettante* believer in it. Of late the younger homœopaths have rebelled against Quin's 'imperialism,' and some two or three years ago the latter withdrew his name from their societies. But he never abandoned his belief in homœopathy, though for some years he has retired from general practice.

"We understand that the trustees of the homœopathic hospital,

which he founded, are his residuary legatees, and it is expected that the hospital will consequently receive very nearly twenty thousand pounds."—*Exc.*

PROF. J. H. McCLELLAND, of Pittsburgh, formerly Professor of Surgery in the Hahnemann Medical College of Philadelphia, is "booked" for a course of lectures on operative and clinical surgery, in the Boston University School of Medicine. Dr. McClelland is now in Boston, fulfilling the duties of his appointment.—ED.

CORPUS CHRISTI, TEXAS, is an excellent opening for a good homœopathic physician. There are three allopaths there, and none of our school.—ED.

THE CHICAGO HOMŒOPATHIC COLLEGE has 100 students; its clinics are practical, and vigorously conducted; they are supplemented by a didactic course of rare merit. The college has attracted this winter one of the finest classes of students that ever assembled in Chicago. A practical spring course will follow the close of the winter session.—J. S. M.

PULTE MEDICAL COLLEGE.—There is nothing to report but what is favorable to the institution, and encouraging to the profession. We have the largest class ever within its walls; are out of debt, out of trouble, and the future never looked brighter. Dr. T. S. Verdi, of Washington, D. C., delivered a course of lectures here in November, upon "Sanitary Science," which was largely attended by the public. He made a host of friends, and reflected great credit on himself.—D. W. H.

HOMŒOPATHIC DEPARTMENT, UNIVERSITY OF MICHIGAN.—Amid the conflicts and derangements of the past, and their effects upon the present, the faculty has done, and is doing a good work, and adding largely to the reputation of our system in the grand old liberal State of Michigan. Our class numbers about seventy, and more coming. We intend to keep up the grade of education equal to that of any of our collegiate confreres, and establish this school upon the basis of a sound, comprehensive, and practical education.

Our surgical clinic is increasing, and already as many interesting surgical cases have been received and operated upon as were present the previous year.

Prof. Gatchell's medical clinic is looming up into magnificent proportions, and many interesting cases are in weekly attendance.

Prof. Jones has added two more *materia medica* lectures to his weekly work, and the class is enthusiastic over the admirable demonstrations. We are discussing the question of a separate and more commodious hospital building, under the complete control of our faculty. We are at present much embarrassed in our hospital clinics by the selfish grasp of our brethren in the other department. When the legislature meets in January, we hope to gain additional advantage for our hospital and educational work.

We hope to establish a reading-room for our students very soon. Our class is the best, taken all in all, that I have ever lectured to, although I have occupied the lecture platform for nineteen years.—E. C. F.

THE HAHNEMANN MEDICAL COLLEGE, OF PHILADELPHIA.—Our oldest homœopathic college is doing gloriously. It has 180 matriculates, and 63 in the graduating class, amongst the members of which are found quite a number of old-school graduates. The

quality of the new material is improved over previous years, and this term will be remembered as the most successful in the history of the institution.

The faculty of the college, anxious to maintain the reputation of the school as holding an advanced position among medical institutions, during the past year has added largely to the chemical and philosophical apparatus. Several of Beck's new microscopes have been purchased, and a department of Microscopy organized, with a full course of instruction, both didactic and practical, upon this important subject. Valuable additions to the anatomical museum have been made, including skeletons of the horse, camel, and leopard, besides many new preparations from the busy scalpel of the accomplished anatomist, Dr. R. B. Weaver, Demonstrator of Anatomy. The pathological department of the museum has also received many new additions, while the library is rapidly accumulating one of the most complete and full collections of homœopathic literature in the country. In short, the present prosperity and future prospects of the college are such as to give the nearly twelve hundred alumni of the institution just pride in their alma mater.

Our commencement will be held in the Academy of Music, March 10th, 1879, at 12 o'clock, M.—A. R. T.

HOMŒOPATHIC DEPARTMENT, IOWA UNIVERSITY, IOWA CITY, IA.—This new college of the Occident is snugly ensconced in a beautiful building, erected especially for the homœopathic department, and thus we have at both ends of the line, Boston and Iowa, college buildings, erected for college purposes. There is a class of thirty-nine in attendance, and the lookout for the future is very encouraging.—A. C. C.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.—This institution has the largest number of matriculates ever present at this period of the year, 153 already registered. Our graduating class numbers over fifty, and is composed almost entirely of students who have attended three full courses in this institution. The graded course system is working admirably, and all new students comply with the rule, which makes *three courses obligatory* for graduation.

We have abundant material for clinical instruction, and special courses on Physical Diagnosis, and on Pathological Anatomy have been inaugurated. The clinics at the Homœopathic Hospital on Ward's Island are exceedingly valuable, and are largely attended by the classes. Medicine and surgery are there most fully illustrated.

Every member of the graduating class is instructed in physical diagnosis at the bedside; the professor of gynecology instructs each personally in vaginal examinations, and every student is allotted cases of parturition for his own management.

When we consider that our class is made up entirely of men—there being an excellent woman's medical college in the city,—we feel that its size is an evidence of the prosperity of the college, and of the growth of homœopathy.—J. M. D.

THE HAHNEMANN MEDICAL COLLEGE, OF CHICAGO.—The nineteenth annual commencement of this institution will take place February 27th. The graduating class will number about seventy-five or eighty.—T. S. H.

THE MISSOURI HOMŒOPATHIC MEDICAL COLLEGE, AT ST. LOUIS.—Dr. J. A. Campbell, Professor of Ophthalmology and Otology in the college, has been appointed to the staff of the Good Samari-

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Original Department.

HISTORY OF THE NUCLEUS IN THE RED BLOOD-CORPUSCLES OF
MAMMALIA.

BY J. EDWARDS SMITH, M.D.

(Professor of Histology and Microscopy, Cleveland Homœopathic Hospital College.)

GENERALLY, there are two methods of illumination adopted by working microscopists, viz., transmitted and reflected light.

Of these, the former has been in the past, the favorite; one objection (and a potent one) to the employment of reflected light, was the difficulty experienced in illuminating the object with sufficient intensity, and thus was the microscopist prevented from the working of his high-power glasses; in fact it has been considered impossible to exhibit an object *well* by reflected light, under greater amplifications than one hundred and fifty or two hundred diameters.

With the view of improving illumination in the use of reflected light, Prof. Halmington L. Smith invented his vertical illuminator, and shortly afterwards the Messrs. Beck, of London, brought out their "vertical illuminator," which instrument was simply a modification of that first introduced by Prof. Smith. The Beck instrument is a simple affair, and consists of a hollow cylinder containing a disk of glass, which acts as a reflector; the cylinder is pierced with an aperture for the admission of light; one end of the cylinder screws to the rear of the object-glass, the other, in like manner, is attached to the tube of the microscope.

The working of this simple device scarcely needs explanation; the light being admitted through the side aperture in the cylinder, is reflected by the little glass disk *down* through the

object-glass to the object. Thus the object-glass may be said to become its own illuminator.

The instrument as above described was intended to be used with *dry* object-glasses of medium powers, and it performed its work very well.

Meanwhile, the immersion system of object-glasses was coming steadily in vogue. It occurred to Mr. George W. Morehouse, of Wayland, New York, that it would be worth while to try the Beck illuminator, in connection with the later immersion object-glasses; as might have been expected, the results were astonishing. Mr. Morehouse found that by the use of the "vertical illuminator," *in conjunction with his recent and wide-angled immersion glasses*, that he could easily see objects thus illuminated by reflected light under applications of 3000 and 4000 diameters, while the definition was sufficient to enable him to "resolve" the most difficult test objects.

Mr. Morehouse kindly informed me of his discovery, and I had no difficulty in repeating his experiments.

Subsequently, and after considerable experimenting, I made another modification in the instrument; this consisted in adapting a little shutter to the side aperture in the cylinder, which proved to be a decided improvement, and the instrument thus became about perfect in its action; the exquisite definition thus obtained, made the resolution of the celebrated 19th band of Nobert (112,600 lines to the English inch) an easy matter.

After having by repeated experiences become well acquainted with the instrument, I commenced the observation of histological objects by reflected light, and in a short time commenced the study—with the aid of the illuminator—of the red blood-corpuscles of mammalia, and was astonished to find that three-fourths of those observed were nucleated; many preparations were made and examined, and with the above-named results.

These results were communicated to my friend, Dr. C. P. Alling, of Dunkirk, the chairman of the Bureau of Microscopy, of the American Institute, and in a paper which the doctor was then preparing to be read at the coming meeting of the Institute, mention was made of these observations of mine, which paper may be found in the published proceedings of the American Institute for 1877.

It is proper here to add, that all my preparations of human blood for study were made *without subjecting the same to any treatment whatever*; small portions of the blood were simply placed on a glass "slide," covered with thin glass, and examined at once.

My time having been fully occupied, I have not been able to follow up this interesting study, but I have by no means abandoned the idea of so doing at the first favorable opportunity.

Meanwhile others have been working in the same direction, but minus the aid of the vertical illuminator and the wide-apertured object-glasses, and we have accounts that the "nucleus" has been seen by the old method of transmitted light, and further, after the blood disks had been subjected to treatment by chemical reagents.

Working histologists are well aware of the fact, that to treat a preparation with chemical reagents, only results in throwing doubts on what may afterwards be observed; in truth, observers who desire to attain to strict accuracy in observation, avoid as far as possible the chemical treatment.

In view of the patent fact, that homœopaths are often charged with ignoring the claims of histology and pathology, notwithstanding the fact that some of us are hard at work and have been for years at this branch of medical investigation, I desire to place on record the claim of having been the first to see, by the aid of an original method of illumination, in conjunction with the use of object-glasses of the widest apertures, the nuclei of the red blood-corpuscles of mammalia, over *untreated* specimens, and under amplifications of *three and four thousand diameters, and by reflected light.*

CLEVELAND, O., January, 1879.

REMARKABLE SURGICAL CASE—FRACTURE OF THE LIVER.

REPORTED BY R. N. DENISON, M.D., HOUSE SURGEON, HOMŒOPATHIC HOSPITAL,
WARD'S ISLAND, NEW YORK.

MAY 10th, 1878, John Dwire, aged 50, longshoreman, was at work, Pier 28, East River, removing baled hay from a vessel. One of the bales slipped, and fell a distance of twelve feet, striking him on the right shoulder. The force of the blow drove him against the combing of the hatch, where he was held fast by the weight of the bale. As soon as he could be extricated an ambulance was called, and he was sent to the New York Hospital. From there he was sent to Bellevue, and from Bellevue was transferred to the Homœopathic Hospital, Ward's Island, where he arrived the same day.

On examination, the tenth and eleventh ribs on the left side were found to be fractured about four inches from their articu-

lation with the vertebræ; right shoulder ecchymosed and exceedingly painful, but neither fracture nor dislocation could be detected. Right hypochondrium very tender, palpation causing the patient to cry out with pain; respiration labored and difficult, causing darting and stitching pains throughout the chest and abdomen. Patient was unable to stand alone. He had persistent nausea and vomiting of a dark liquid substance like coffee-grounds. A watery diarrhœa soon followed, dark-colored and very offensive. Later, the stools assumed a grayish color, and became of a clayey consistence. While at stool was attacked with tonic spasms and became unconscious. Spasms were of short duration, but continued at intervals throughout the succeeding night, after which they abated. A yellow tinge was imparted to the skin and conjunctiva, after a few days growing more marked.

After the second day, respiration became hurried and superficial; cough soon followed, with expectoration of a viscid reddish-colored sputum. Examined the chest and found evidences of pneumonia and pleurisy; the latter more marked on the right side.

After the fourth day, the patient's general condition was much improved; he became stronger, and to all appearances was making a rapid recovery. But on the seventh day after the injury delirium set in. He gradually sank into a comatose condition, and died, after being in the hospital for eight days.

Autopsy, twelve hours after death.—Ante-mortem clots in all the cavities of the heart. Pleura slightly adherent on the left side. On right side, universal adhesions of recent origin; lungs showing all the evidences of pleuro-pneumonia. On removing the liver it was found to be greatly enlarged, weighing 5 lbs. 9 oz. The lower portion of the right lobe was completely separated from the remainder of the organ, the detached portion weighing 11½ oz. The torn surfaces presented a ragged, granular appearance, and were partially covered with clots of blood. The whole organ showed great congestion, yet upon section the cut surface was pale and of an opaque yellowish-gray color, breaking down very easily under pressure. Omentum more or less congested, especially the portion in the immediate vicinity of the liver. The remainder was of a greenish slate-color. Upper portion of the right kidney presented a bruised appearance. Remainder of the organ somewhat congested. A quantity of blood and blood-clots, weighing 4½ lbs., was distributed through the peritoneal cavity.

REFRIGERATION IN YELLOW FEVER.

BY BUSHROD W. JAMES, A.M., M.D.,
PHILADELPHIA.

(Read before the Homœopathic Medical Society of Pennsylvania, September, 1878.)

As the yellow fever has become unusually prevalent and epidemic in a number of cities of the Southwest this summer, allow me to offer some suggestions which may be of use to the profession at large. That it is universally contagious or that every exposed individual takes the disease is doubtful, but that very many persons, coming into close proximity to the disease, will contract it, is undoubtedly true; as has been proved in a multitude of instances this season, where whole families have been swept away, and nurses, attendants, physicians, and clergymen, waiting on cases, have taken it and died.

If the contagion of the first case, or cases, can be destroyed at once, it seems to me an epidemic may always be averted, unless the locality is an endemic one, and thus many lives be saved.

Frost checks an epidemic of yellow fever, and it evidently does so by destroying the germs of the disease, or at least annihilates the disease-producing cause. Now if we apply to the cases that come in from an infected vessel or railroad train, a pure air, and disinfect the air given off by the yellow fever cases, the clothing and things about them, by a low degree of temperature, say 25° Fahr., we may reduce the contagion to a minimum, and likewise invigorate our cases by giving them a purified atmosphere. How can this be done?

First by fitting up a room or ward specially for these patients, maintain pure air, and ventilate the room only by ventilators; then into the room, introduce air that has been reduced to ten or fifteen degrees below the freezing-point and rewarmed to the proper degree and then at once supplied to the ward.

Have a small ante-room with spring doors, and springs attached to the ingress and egress doors of the ward, so that the opening and closing will not allow much warm air to enter. Have everything that comes out of that room, such as air, clothing, excretions, etc., submitted to a temperature several degrees below the freezing-point, and in the case of bed-clothing or garments, previously moisten them and they will freeze through, and this freezing should be kept up for several hours.

The respired air of the patient is thus rendered innocuous to those who may be in attendance, and the air of the room is as fast as possible freed from the poisonous principle, and before the patient breathes any of it again, it is rendered more wholesome by the constant inflow of air that has been purified by freezing out the reproducing disease cause. If it is desirable to reduce the temperature of the patient by other than medicinal means, in cases where the clinical thermometer shows a very high range, the patient can be wrapped warm enough for comfort, or, artificial warmth can be applied under the wrappings, and he be placed in a cold room below 32° Fahr.; but, if he cannot endure the cold room, another situated next to the cold one, with no mode of access except through the cold room, might be substituted.

If the range of temperature of the patient is below 98.5° Fahr., such treatment would not be admissible. The air after being reduced below the freezing-point may be warmed up to 70° Fahr., or about that degree, and then furnished to the patient after such cold-purification, if respiring cold air is objectionable, which it may be in certain cases and in some stages of the disease.

The apparatus that is capable of cooling large rooms, for producing ice, and for other such purposes, ought to be competent to keep up a low degree of temperature for a day or two, in a vessel where the hatches can be closed easily, and thus disinfect the cargo and every part of the ship. The only question here aside from the expense, is the portability of the apparatus on and off of a vessel. However, the cold-producing apparatus could be erected on the wharf, with a hospital room for fever patients on the one side, and the infected craft be brought up to the wharf on the other side of the apparatus, and the machine worked for both purposes.

As well-attested cases have been known to take the disease from receiving letters and articles from the hands and rooms of yellow-fever patients, I would recommend the freezing of all baggage, freight, and mail-matter, going from any infected city, as a mode of preventing the spread of the disease in that manner.

If an ice-making machine is not at hand, a tin vessel surrounded with ice and salt will answer for producing a degree of cold amounting to frost, and articles of yellow-fever patients that are too valuable to destroy should undergo this mode of disinfection. The articles should be moistened when admis-

sible before being placed in the "freezer," so that they may be seen to be frozen thoroughly.

In the case of mail-matter, this to a limited amount can be treated to a low temperature (without being moistened) in metal "freezers," and the ice and rock salt used as outside chilling agents. Cooling is not sufficient, the temperature must go to or below the freezing-point, all through materials to be thus disinfected.

"The results of homœopathic treatment are well shown by the experience of Drs. Holcombe and Davis in Natchez in 1863."

"The former treated one hundred and forty cases of unequivocal yellow fever, losing nine cases. Dr. F. A. W. Davis, who is called by Dr. Holcombe, 'the able pioneer of homœopathy in this region,' treated 415 cases, of which 24 died. In subsequent years these cases were extended to 1016 cases, in all of which 55 died, equal to a mortality of 5.4 per cent."

Dr. Louis A. Falligant, in his excellent report of his experience in the treatment of nearly one thousand cases of yellow fever, during the epidemic in Savannah, Ga., in the months of September, October, and November, 1876, gives the following summary, the total number of cases treated by him during that period:

Number of cases of yellow fever treated by me between 900 and 1000.

Number of deaths in cases to which I was called before fatal symptoms (black vomit and suppression of urine) had set in, seventeen.

Number of deaths in cases to which I was called after fatal symptoms had set in, fifteen.

Number of black-vomit cases recovered, forty-five.

Of the thirty-two deaths, eight were cases of relapse, and twenty-four were original first attacks.

Of the seventeen cases seen by me before fatal symptoms had set in, five were "death-struck from the inception of the disease."

Dr. F. treated over one hundred cases of the hæmorrhagic type without a single death.

Dr. Bento Jose Martins, of Rio de Janeiro, Brazil, in 1850, gives his experience with homœopathic treatment in the yellow-fever epidemic at that place:

The number of persons attacked with yellow fever and treated at the Homœopathic Dispensary, Rua da Guitanda, No. 11, by myself and Drs. Arambuja, Cesares, and Silva Pinto,

from the 22d of February to the end of April, in the year 1851, was three thousand two hundred and fifty-six.

Died a few hours after first visit,	56
Died in forty-eight hours,	32
Died between first and ninth day,	139
<hr/>	
Number of deaths,	227
Cured,	3029
<hr/>	
Total,	3256

These are our statistics in this dread disease. Excellent as they are, I believe the percentage of deaths would be still further diminished by an introduction of the freezing method into the hospitals of our stricken Southern cities.

HOMŒOPATHY VERSUS ALLOPATHY.

BY F. R. SCHMUCKER, A.M., M.D.,

READING, PA.

ALMOST a century upon trial, and yet, as in the famous chancery suit of Jarndyce *versus* Jarndyce, we can do little more than "report progress." From our consciousness of the truth of the law of *similia similibus curantur*, which alone, and not necessarily coupled with infinitesimal doses, or high potencies, as some would have it, constitutes homœopathy, we are apt to be oversanguine. Like the second-adventists, some excellent brethren are even now looking forward to the speedy coming of the homœopathic millennium, when all shall worship at the shrine of Samuel Hahnemann.

Is there ground for such a hope? In the Philadelphia *Medical Times*, of January 4th, 1879, we find an article headed "Decline of Homœopathy." In proof thereof the author quotes from the *Homœopathic Times*, the London *Homœopathic Review*, and the Michigan *Medical News*. Is this so, that homœopathy is declining? If its principles are true, its therapeutic law as fixed as the stars that shine, how can it fail to grow and spread? If they be false, as we know they are not, its existence will not be of long duration.

The only way in which we can prove to the world that homœopathy is not a failure, but superior to any other practice, is by *results*. Abstract reasoning will not do it. No amount of reasoning would convince any unbelievers that the 200th, or even the 30th potency of a drug will ever relieve a pain or

cure a disease. That it does so, is a therapeutic fact impossible of scientific explanation. Our experience convinces of the fact, and *facts*, and not *theories* alone, are what we want in medicine. We accept it, as even our opponents accept the facts of electricity, magnetism, the telephone, etc., notwithstanding even greater unexplained mysteries connected therewith.

Now, how does the case in hand stand? The only question at issue is the comparative success of the two modes of practice. If this, in course of years, can be shown beyond a doubt, the duty of every conscientious physician will become plain. Laying aside all bigotry and prejudice, it will become his duty to adopt that mode of practice, call it by what name you will, by which he is able to save the largest percentage of human life.

According to the summary of statistical tables given by Von Grauvogl, in his *Textbook*, we learn that in European hospitals the rate of mortality has been uniformly less under homœopathic than under allopathic treatment. From statistics taken in New York city, and elsewhere in this country, the same result is shown. If I can add one grain of statistical evidence to corroborate these facts, the object of this article will have been accomplished.

In the beginning of the year 1876, our city was visited by an epidemic of scarlatina. This was followed, in the fall of the same year, by an epidemic of small-pox, of unusual malignancy, and it continued, with greater or less severity, throughout the year 1877. During this latter year, diphtheria also made fearful havoc in our midst. Unfortunately, no reports of diphtheritic cases have been made to, or required by, the Board of Health. Of the remaining two diseases, a faithful record has been kept by the Secretary of the Board. I have lately devoted considerable time to making a very careful abstract from these records, covering the two years, 1876 and 1877, with the following results: Of scarlatina cases, 701 had allopathic treatment, of whom 77 died, or one death to every $9\frac{8}{7}$ patients; 246 had homœopathic treatment, of whom 17 died, or one death to every $14\frac{8}{7}$ patients. Allopaths lost about eleven per centum of their cases, homœopaths about seven per centum.

Of small-pox cases, 687 had allopathic treatment, of whom 151 died, or one death to every $4\frac{8}{5}$ patients; 185 had homœopathic treatment, of whom 39 died, or one death to every $4\frac{2}{3}$ patients. Allopaths lost about twenty-two per centum of their cases; homœopaths about twenty-one per centum. Dur-

ing these two years there were in active practice, in this city, fifty-two allopathic and thirteen homœopathic physicians, from which it will be seen that the latter had under their treatment more than their proportionate number of all the cases reported.

In this calculation I have excluded all cases reported by three practitioners who profess to practice homœopathy, but who notoriously resort to allopathy in a large proportion of their cases. It would be impossible to determine *by the aid of which practice* their patients died. It should be stated in this connection, that a large proportion of the allopathic physicians of this city are men of wide experience and many years of practice, while the homœopathic profession here is composed almost exclusively of young men, of but limited experience. Then, too, it should not be forgotten that our "regular" brethren, in their therapeutic efforts, may draw upon the accumulated wisdom of over two thousand years, while we poor homœopaths have only a slice of a century to glean from.

With the above showing I am not willing to admit that homœopathy is a failure, nor to believe in the "decline of homœopathy."

PAIN IN THE STOMACH, WITH VOMITING, FOLLOWING DIPHTHERIA.

BY W. J. MARTIN, M.D.,
PITTSBURGH.

(Physician to Pittsburgh Homœopathic Hospital Dispensary.)

In November last, Willie H., æt. fourteen years, had Diphtheria, for which he received Belladonna, followed by Lachesis. After four days, the membrane having disappeared, and the swelling and redness of the throat greatly diminished, he received no more medicine; and on the sixth day, the improvement continuing, with returning appetite and strength, I discharged the case as cured.

On the evening of the second day after discharge from treatment, was called again to see him, and found him suffering with great pain in the stomach, persistent vomiting and violent retching. I was told that he had gone to school in the morning, saying he felt very well; but, on returning home at noon, was very sick at the stomach, which was very sore to touch, or on motion. The vomit consisted of water, mucus, and bile. The boy's father, during the afternoon and evening,

had administered *Nux vomica*, *Arsenicum*, and *Veratrum*, none of which had produced the least perceptible modification of the symptoms.

I had treated cases of this kind before and they died. I know of a number of such cases, all terminating fatally, treated by physicians of both schools of medicine. I knew of none that had recovered. I felt, therefore, that I had a very serious case to deal with, and made a very unfavorable prognosis.

Whether this condition, which sometimes occurs a few days after an apparent recovery from diphtheria, is due to swallowing portions of membrane and vitiated saliva, as some hold; or whether it is a transfer of the diphtheritic affection to the stomach, as others affirm, is a question, that seems to me hard to decide. That it was not due to over-eating, or to improper diet, I am satisfied, both in this and other cases.

My patient was lying on a lounge, much prostrated and looking very pale; his tongue was moist, with a slight whitish coating; pulse a little faster than normal and rather weak; his only pain was in the stomach, and this pain was so severe that he could not lie in one position many minutes; yet any motion of the body increased the pain and made him vomit, or rather retch, for the stomach was empty.

On sitting up to allow me to look at the inside of his throat, he became very sick at the stomach and light-headed. He was very thirsty, and what he drank was soon vomited; the bowels were not disturbed.

The remedies I had made use of in cases similar to this, were those the father had given (except *Nux vomica*), together with *Ipec.*, *Cuprum met.*, *Cuprum ars.*, and *Camphor*; but as I said, without any effect. I had tried in these cases to get something that would suit my imagination of the pathological condition. In the present case, I determined to try to get that remedy having among its characteristic symptoms, the symptoms of the case. That remedy was *Bryonia*.

I accordingly prescribed *Bryonia*³⁰, a powder dry on the tongue, every hour. Before it was time to give the fourth powder, he was asleep, and did not awake till morning. There being no return of the vomiting after waking, and the sensitiveness of the stomach being less, I prescribed *Sac. lac.*, and in a few days he was well, and has remained so ever since.

OBSTETRIC HINTS.

BY THEODORE MEURER, M.D.,
NEW ALBANY, IND.

Intra muros et extra peccatur. The writer of these lines will not object to Dr. Tindall's pleasure in using a pan or basin for receiving the amniotic fluid, the blood, or the placenta. Such a thing is optional with every accoucheur, but the article reads as if the doctor punctures the membranes in every case of childbirth. Why?

The best authorities in obstetrics teach us the value of the amnion as an adjuvant in parturition. The water in front of the head acts as a kind of wedge to enlarge the parts gently. The writer of these lines is perfectly satisfied to let nature alone, and often the membrane bursts, when the next pain brings the head. Childbirth is a natural act; it needs not so much interference as is usually practiced. Young physicians often pervert a natural birth into a tedious one, by letting the amniotic fluid off too soon. It is wonderful how often young accoucheurs give sound physiology a kick. Instead of supporting the perinæum, they pull, or try to pull, on the head. The best way to support the perinæum and promote the birth, is to introduce two fingers pretty high in the rectum. The accoucheur can in this manner support the perinæum and help the head outwards. Another great evil, in this country, is the habit of bandaging the woman's bowels. The concentric action of the *ligamenti uteri* and the uterus itself is thus impeded; the proper action of the bowels is hindered, and not one iota of good is done. Not a single physiological reason can be found for it; and it is practiced only to please, probably, a crazy nurse.

Now we come to another malpractice. I mean the custom of many homœopathists of giving the lying-in woman castor oil, to get an evacuation after the birth. When the head of the child comes from the upper strait to the lower one, it squeezes the rectum, and every particle of feces is pushed out; therefore, nature requires rest, for the rectum to recover its elasticity; the woman gets little food for the first few days, consequently, little feces will come down in the rectum. It is a great deal better to inject a little lukewarm Arnica water in the rectum. But at any rate a woman needs no passage of the bowels the first four days.

In the long years of my practice, over twenty-two years in New Albany alone, I have attended nearly two thousand cases of labor, and I have found the advice of my old professor of

obstetrics always good: "Have patience, much patience, and then still more patience." A hasty accoucheur will never have good luck. *Sine ira et studio.*

OUR ENGLISH LETTER.

IPSWICH, ENGLAND, January, 1879.

EDITOR OF HAHNEMANNIAN: The close of 1878 is marked in the annals of homœopathy in Great Britain by the death of Frederick Foster Quin, its oldest and best friend. Born in 1799, he graduated M.D. of Edinburgh in 1820, and was soon afterwards appointed physician to the late King of the Belgians, then Prince Leopold. In this capacity he travelled on the continent, and there became acquainted with homœopathy, which he studied and embraced. In 1832 he settled in private practice in London, and commenced to spread the knowledge of the system. He has left two enduring monuments of his devotion to the cause,—the British Homœopathic Society, which he founded, and the London Homœopathic Hospital, which he was the principal means of founding. To the former he has left a legacy of £200 and his medical library; to the latter, the bulk of his fortune, some £17,000. His great popularity with the royal family and the upper ranks of society, at whose tables he was always a welcome guest, did much to introduce homœopathy to the aristocracy, by whom its merits were early and extensively recognized, and amongst whom it has gained a strong foothold. Of late years Dr. Quin had retired from practice but not from society, where his loss is deeply and widely felt.

In spite of the powerful lay support homœopathy has long enjoyed, the system makes but slow progress amongst the profession in this country. We have only two hospitals where patients receive homœopathic treatment; the one in London, and another in Birmingham. There are three principal causes to which this slow progress may be ascribed. *First*, the deep-rooted conservatism of the British mind; *Second*, ignorance; *Third*, laziness. It is not in the nature of the British doctor to admit that, the way in which he has been accustomed to treat his patients is not the best way, and anything in the way of medical reform meets with a very summary dismissal. Then, the profession generally is profoundly ignorant as to what homœopathy is, and prejudiced in proportion. "I don't know anything about it and don't want to, but it is all humbug and

quackery," is a remark once made to me by an otherwise highly intelligent practitioner, and fairly represents the general feeling of the profession. "It can't be, and therefore it isn't," embodies and exhausts their arguments. The leading men, some of them at least, in the profession know better, but do not see their way to enlightening their flock. Again, men who have spent some years of drudgery in acquiring the government stamp of proficiency, are not often inclined to submit themselves to the hard work of a second course, and many a one has turned back after looking into homœopathy, on finding that there was hard work attached to the acquiring of it, and that his first trials of it were not always brilliantly successful.

Within the last few years a determined attempt has been made to afford instruction for professional men in the new system of therapeutics, and at least to deprive them of all excuse for their ignorance. The effort has resulted in the establishment of the London School of Homœopathy in connection with the London Homœopathic Hospital. In its appointments it is admirably adapted to the end it has in view, to supply that which is lacking in the ordinary education of medical men in the matter of therapeutics. The committee have been exceedingly fortunate in securing the services of Drs. Hughes and Dyce Brown. The lectures of the former on "*Materia Medica and Drug Action*," and of the latter on the "*Principles and Practice of Medicine*," with the clinical instruction in the hospital, leave nothing to be desired. There is also an excellent library and museum in connection with the school, under the care of Dr. Galley Blackley. To the labor, energy, and liberality of the honorable secretary, Dr. Bayes, this revival of the school (for there has been a former attempt), is mainly due; and though it does not want for "candid friends," who are ever ready to prophesy ill of it, there is little doubt as to its ultimate success.

It is a pity we cannot show an undivided front to the world in this matter. There is no difference of opinion as to the proper aim, and as to the need of the institution, but there is serious dispute as to the management. The points on which objections are raised appear to be these: The constitution of the committee of management; the name of the school; the annual grant of £350 to the hospital to subsidize 30 beds for the use of the school for clinical teaching. I dare not attempt to discuss the points in dispute, any more than I dare venture a solution of the "Eastern question." Documents have mul-

tiplied at an alarming rate from the pen of Dr. Bayes on the one side, and the pens of Drs. Drysdale, Dudgeon, Black, and Ker on the other. Each side is keenly sensible to the merits of its own case, and the demerits of the other, and the amount of spleen exhibited on both sides has seriously impaired the mental vision of all. The opposition appear to me to exaggerate the dangers they fear, and certainly to have gone too far in advising subscribers to discontinue their subscriptions. The opposition ought to have been carried on in a more orderly fashion at the general meeting of subscribers. Doubtless they are sincere in their views and fears, and they are men whose names we revere, to whom many of us owe our enlightenment, and whose works we use daily. Their opinions must always carry great weight. Let them, however, not try to use other influence, and let their opinions be expressed in the proper quarters.

Fraternally yours,

DR. JOHN H. CLARK.

PHYSICIANS' RECORDS: THEIR VALUE AND IMPORTANCE.

BY J. P. DAKE, A.M., M.D.,
NASHVILLE, TENN.

THE recent labors of the Homœopathic Yellow Fever Commission, in gathering up the clinical experiences of numerous practitioners, have impressed me with the necessity of a careful noting of cases, from day to day, on the part of the physician.

It has long been the custom, among the followers of Hahnemann, to keep, on slips of paper or in books, a record of chronic cases.

This has been deemed important in following diseases in all their phases, and in conducting a proper course of treatment.

Very few have kept a record of acute cases, such as are met with in epidemics.

When I began practice I adopted the current method, that of folded slips of paper, each having the name of the patient on the outside, and the symptoms and remedies on the inside, kept in pigeon-holes alphabetically arranged. In this way I kept my record of chronic cases, till, disgusted with the accumulating soot, so abundant in Pittsburgh, I had a book prepared, in which my entries were made.

Afterwards I adopted a plan for all cases, acute as well as chronic, using a prescription book.

For twenty-five years it has been my practice to keep such a book in a drawer, in my private desk, and to note therein the name, age, residence, and occupation of each person applying to me for treatment, with the leading symptoms presented and the remedy prescribed.

This plan has enabled me to conduct the treatment of thousands of cases with great exactness and success, which otherwise would have been an intolerable burden upon my memory, and have occasioned much confusion and dissatisfaction to me as well as to others.

But the benefits of such a plan have not been entirely personal. It has perpetuated my experiences.

Often, when perplexed in regard to a case, I have thought of a parallel in one of my dusty volumes on the shelf, upon referring to which the light of years gone by has streamed upon my new record, telling of a cure accomplished and of a remedy well-nigh forgotten.

Such light has led to a better understanding of the range and uses of various medicines, the exceeding value of some and the worthlessness of others, so that in standing before a class of students, or writing for my brethren upon the field, I have felt a degree of satisfaction and safety which can never come to a man gathering his knowledge chiefly from books written by others.

But I must not be misunderstood in regard to the bearings of *clinical experience*.

While it is altogether inadequate to point the way and decide the choice of remedies in new fields, and in the employment of untried means, it serves to furnish proofs confirmatory and illustrative of principles, accepted as therapeutic guides in practice, and of remedies properly placed in the *materia medica* by experiments upon the healthy.

Clinical experience furnishes the practitioner with a chart, showing the headlands, the beacon-lights, the dangerous rocks and sand-bars noted by those who have passed that way before; a thing quite indispensable near the land, and useful, even in trackless waters, where the needle points the way.

In well-marked and familiar forms of disease, one may be able to go from case to case, thinking little of any guide, save his experience or that afforded by reliable authors; but when he goes out beyond them, to deal with new and unknown diseases, or decided modifications of those already known, he needs some general principle, some law of nature, adapting means to ends and remedies to cases, in order to attain success.

I need hardly say, in pathogenetic therapeutics, we recognize *similia* as such a principle, and law, and guide.

The keeping of a record book for acute, as well as chronic cases, does not involve so much labor as might be supposed. The name, age, etc., of the patient, are quickly noted, and then the leading symptoms. While putting down the history and symptoms, the mind of the prescriber is going over the remedies suggested, so that by the time the last item is down, the remedy can be added without delay. I have no trouble in thus dealing with thirty and forty cases a day in my office, all the medicines being put up by an assistant.

The great importance of such records is becoming more and more apparent, as the methods of positive, searching inquiry followed in other departments of science, are being adopted in medical and sanitary investigations.

Commissions of inquiry and comparisons of results are searching for facts and placing them before the public, so that the best methods and the best means for the protection and restoration of human health may become known.

If the facts are not well noted while fresh in the mind of the practitioner, they become dim and unreliable.

It has been well said that, medical experience amounts to but little in aiding a comparison of theories and medicines, except in hospital practice.

In the absence of strict records, the fancy, not to say untruthfulness of the practitioner and his zealous friends, has too much play.

It has been common to hear it said of a physician of moderate patronage, that he had attended *five hundred cases of cholera*, during an epidemic of three weeks' duration, or of *two hundred cases of diphtheria* in a month! Men who have no intention to falsify or exaggerate what they have done, if unmethodical and not in the habit of keeping a strict record, may easily state such monstrous falsehoods.

They speak from a confused recollection and a sense of weariness, which often puts *hundreds* where scores would be much nearer the truth.

No physician, aiming at a high degree of excellence in his profession, or desiring to enjoy a firm place in the confidence of the best people, can afford to neglect the keeping of a record of his cases, day after day and year after year.

The time will soon come, that he who runs the practice of medicine, without method and memoranda, will be shunned by

intelligent people, and rated as a bungler, if not genuine quack, among medical men.

When records, capable of verification, are kept, all over our country, it will be an easy matter for a commission to pass over the field of an epidemic, and to gather up facts, which may decide the character and settle the fate of systems, theories and remedies, beyond all reasonable doubts.

The time is almost past in which the ignoramus and the impostor, with false theories and worthless means, shall hold high carnival and flourish at the expense of human life, in communities favored with common intelligence.

In every medical school, students should be taught the best methods of keeping a record of cases for the benefit of their patients and themselves, and that they may furnish reliable facts upon which the great temple of medicine shall rest more firmly and rise higher from age to age.

MORTALITY REPORT FOR THE CITIES OF PITTSBURGH AND ALLEGHENY FOR THE YEAR 1878.

BY T. M. STRONG, A.B., M.D.,
ALLEGHENY CITY.

Meteorological.—Highest barometer, 30.633 in.; lowest barometer, 29.048; range of barometer, 1.585; mean, 29.949.

Temperature.—Highest thermometer, 101° F.; lowest thermometer, 1° F.; range, 102° F.; mean of thermometer, 53.5° F.

Prevailing Wind.—Northwest. Greatest velocity, 30 miles per hour. Total number of miles for the year, 51,857.

Rainy Days.—176. Total rainfall, 38.76 in.

Pittsburgh Mortality.—Total number of deaths from all causes, 3068. A death-rate of 21 per 1000 inhabitants.

There died, during the year, 728 under the age of one year, or 23 per cent.; from one to two years of age, 312, or 10 per cent.; from two to five years, 410, or 13 per cent.; under five years of age, 1450, or 47 per cent.; from five to twenty years, 462, or 15 per cent.; twenty to fifty years, 671, or 21 per cent.; fifty to one hundred years, 485, or 16 per cent.

Of this number, diphtheria has claimed 461 victims, or 15 per cent. of total mortality. Diseases of the respiratory organs, 344, including croup, 30; whooping-cough, 55; pneumonia, 142, etc., or 11 per cent. Deaths from phthisis pulmonalis, 323, or 10.5 per cent.; from small-pox, 113, or 4 per cent.

Total number of deaths in 1877 were 3408; a death-rate of 23.50 per 1000 inhabitants.

Of this number, 600 died of diphtheria, or 17.6 per cent.; from consumption, 249, or 7.3 per cent.

Allegheny City.—Total mortality, 1039; a death-rate of 14 per 1000; 325 died under the age of one year, or 31 per cent.; from one to two years, 92, or 8 per cent.; two to five years, 111, or 10 per cent. Total number under five years of age, 528, or 50 per cent. From five to twenty years, there were 103 deaths, or 10 per cent.; twenty to fifty years, 192, or 18 per cent.; fifty to one hundred years, 186, or 18 per cent. Ninety-five died from phthisis pulmonalis, or 9 per cent.; 91 from diphtheria, or 9 per cent.; 11, from small-pox, or 1 per cent.

The death-rate for 1877 was 1176, or 15.7 per 1000 inhabitants. The deaths from small-pox in 1877 were 107, or 9 per cent. The mortality from diphtheria was about the same in both years.

The death-rate for Pittsburgh and Allegheny combined, for 1878, is 19 per 1000.

DEATH FROM BITE OF CROTALUS HORRIDUS.

BY DR. I. COMFORT,
KANSAS CITY.

EDDIE JEFFRIES, six years of age, weighing about fifty pounds, was bitten by a rattlesnake on the dorsal aspect of the right hand, at 9 o'clock A.M., August 31st, 1878. After the lapse of fifteen minutes, whiskey was administered freely, even to inebriation, and Bicarbonate of soda moistened in whiskey applied to the wound. Strong Aqua ammoniæ, however, was substituted for the above mixture as a local application shortly afterwards. A bandage, too loose, however, to be effective, was applied to the arm immediately above the elbow. Did not see the patient until three hours after the injury. Four well-marked punctures, two of the poison-fangs of the upper jaw, and two of the principal fangs of the lower jaw, were plainly visible. These punctures were apparently about two lines in diameter; they were equidistant, occupying the relative position of the angles of a quadrangle, the sides of which would measure an inch and two lines. In the immediate vicinity of the bite there was little or no swelling, gangrene of the part having taken place at once, yet the hand and forearm four inches above the wrist were greatly swollen and of a livid color, with

a polished appearance; the fingers were semiflexed and separated.

The lad was delirious; his hearing was somewhat obtunded; his eyes were closed; the upper eyelids and the superior rectus muscles were paralyzed; the pupils were slightly dilated and insensible to light, and vision for the time being seemed to be wholly destroyed. The eye was directed forward, but upon the forcible opening of the lids was directed externally to exclude light, not upwards as is usual. The facial aspect was that of composed indifference, with marked prostration, apparently devoid of suffering; the lips and cheeks presented about their usual redness. There was no pulse at the wrist, yet by auscultation the heart's action was found to be rapid, about one hundred per minute; its impulses feeble, and the interval between systole and diastole wonderfully brief. The respirations were about thirty per minute. The skin, particularly at the extremities, was dry and cool, though not cold. The temperature, taken with some difficulty, in the axilla of the left side recorded $96\frac{1}{4}^{\circ}$ F.

The patient suffered from repeated attacks of emesis, vomiting at first undigested particles of food mixed with a green fluid, subsequently a thick vitreous mucus, resembling the white of an egg slightly tinged with yellow.

Micturition, shortly after my arrival, for a time became frequent, but subsequently subsided, the patient finally passing urine of a very light color, and scanty in quantity. A watery diarrhoea was established about the same time, with tormina and tenesmus. At 1 o'clock P.M., thirst became imperative; this was freely indulged.

The bandage, immediately upon my arrival, I converted into a "Spanish windlass," and secured so tightly as effectually to occlude the vessels of the arm. The swelling, as early as 1 o'clock P.M., had reached the bandage, and here seemed to be securely arrested, though well-marked livid lines followed the course of the superficial cutaneous vessels above the bandage, showing the probable disintegration of those vessels, with extravasation of blood.

Great restlessness, accompanied with feeble jactitation, was a prominent symptom in the case from 12 o'clock M., to 3 o'clock P.M.; this, however, was alternated with periods of quiet repose; occasionally feeble, plaintive screams were uttered deliriously.

Paralysis of both of the upper extremities, particularly below the elbows, and in a more marked degree of the lower

extremities, was plainly manifest. My patient made repeated ineffectual efforts to stand, but as often as he raised himself upon his elbows and knees, or knelt erect, he fell helplessly upon his side.

I regarded the case from the first as hopelessly fatal, from the following circumstances: Against a lethal quantity of ophidian venom there is, unhappily, no known antidote. Of the eighty remedies used as such, all are inert. The age and size of the patient were such as to preclude all chances of recovery.

The snake was of the largest of his species, nearly four feet in length, and apparently in full vigor of health. In consequence of the continued heat of summer, snakes are known to possess an abundant supply of virus; in the spring, after hibernating, or during the period of desquamating, they are more harmless and less aggressive.

It is stated on high authority that the fatal cases of snake-bite are the exception, and not the rule. The escape from death is usually due to the fact that sometimes the convexity of the injecting fangs strikes the victim, the points are retroverted, and the virus is discharged into the mouth of the snake, while the principal and opposing fangs of the lower jaw, comparatively harmless, inflict the wound. Again, a snake may have exhausted its virus upon a recent victim, and, consequently, have become comparatively harmless, or it may be deficient in virus in consequence of ill health. Again, a snake may be rendered comparatively harmless in consequence of having broken off the injecting fangs in a previous encounter. The character of the punctures, and the gangrene of the part in the immediate vicinity of the wound, effectually eliminated the existence of the above circumstances.

As three hours had elapsed after the infliction of the injury, and prior to my first visit to my patient, excision or cauterization of the wound was unnecessary. I therefore administered a hypodermic injection of ten minims of *Aqua ammoniæ fortior* diluted with water, and ordered thirty minims of the aromatic Spirit of ammonia to be given every hour, and, also, one-half ounce of whiskey. I also ordered one-half ounce of new milk every hour as a nutrient. Under this treatment reaction was established, the pulse returned at the wrist of the unaffected side, and vomiting ceased. At 3 o'clock P.M., my patient expressed himself as feeling better, and complained, for the first time since my arrival, of pain in his hand. At 8 P.M. the arm was more swollen; large blebs had formed in various

places on the injured limb, the skin had burst at the flexure of the elbow, and extravasated blood was escaping from the arm, though the quantity was small. His nervous forces had recuperated to a remarkable degree, the restlessness and jactitation had quite ceased, and the sense of taste was normal as from the first. Vision and hearing had again become normal, and intellection had been re-established, as in health, though he was disposed to sleep; this I encouraged, rather than prevented. Respiration, however, remained at thirty per minute, as at midday, and the pulse again, having nearly disappeared at the wrist, was still beating at its previous rate, one hundred per minute; his temperature, taken in the axilla of the left side, was $97\frac{1}{2}^{\circ}$ F. He complained of not a little pain in the breast, and in my absence, his mother informed me, he twice suffered from convulsions, which, however, were not violent, and at 4 o'clock, in violation of my orders, she loosened the bandage, because, as she alleged, "his hand pained him so." This had the effect of permitting an additional increment of virus to enter the circulation from the affected limb.

The child died at $2\frac{1}{2}$ o'clock A.M., September 1. No autopsy was permitted, but the face bore a slight hue of saffron, and the posterior margin of the ears was livid, as were also the right hand and arm.—*Phila. Med. Times.*

PARIS HOSPITALS.

BY W. H. WINSLOW, M.D.,
PITTSBURGH.

PARIS has the Salpêtrière for women, and the Bicêtre for men. Bicêtre is a very large institution, combining, as in the former, the hospital with the poorhouse; a very disagreeable mixture to my mind. It is situated some distance out of the city, and is best reached by a cab, or the Ceinture Railway. The buildings are substantial and old, and the grounds and location decidedly country. It impressed me as a poor place for the study of anything but pathology, because of the dilapidated constitutions of the patients, and the incurable nature of many of the maladies. The lame and lazy mingled in the courtyards, and the stolid indifference of some faces lent a contrast for the soft vacant smiles of senility. Bicêtre is one step from the cemetery; it is the antechamber of death. It would require a volume to give even a succinct description of all

the hospitals about Paris, but I will give the names of most of them; some I did not see at all, others I saw only outside, others I penetrated only the outer walls, and in others I went from crypt to cornice, and end to end, in search of something new.

There is Hôpital Beaujon, du Midi, Militaire, de Lourcine, Hahnemann, St. Jaques, St. Louis, St. Antoine, St. Eugénie, des Enfants Malades, Temporaire, du Vingtième, Arrondissement, de la Maternité, Val de Grace, la Pitié, la Charité, Lariboisière, Hôtel Dieu, Institution des Aveugles, Institution des Sourds Meuts, Asile Clinique d'Aliénés, etc.

Hôpital des Enfants Malades is situated in the Quartier Latin, not far from Salpêtrière and the great Sarbonne, and has the same antique look as those previously described; but it must be remembered, that Paris has an age which we, with only a little over a century of national existence, can hardly appreciate, and things old in appearance may be in reality quite modern there.

Illegitimacy may be said to be legitimized in France, and thus there are a great many children fatherless and motherless thrown upon the cold charities of the world, who languish and fall sick, and finally are received into Hospice des Enfants Trouvés and the Hôpital des Enfants Malades. In the latter you will find them of every age, from the suckling to the active child of eight or ten years, and even older, all dressed in simple inexpensive attire, playing in their hospital beds, or in the play-rooms and court-yards. The neatly and uniformly dressed nurses make very kind and attentive foster-mothers; but, owing to the artificial alimentation of the babies, the mortality is quite large. For physicians desiring to study the diseases of children, this institution affords large clinical facilities, and we know of no place in the world where so many interesting infantile diseases can be investigated by thoroughly scientific methods, and with the assistance of learned specialists. From here to the Hôpital de la Maternité, upon the Avenue de l'Observatoire, it is not a great distance, and seems a natural transition. How the thoughts of Madames Lachapelle and Boivin, Drs. Dubois, Baudelocque, Cazeaux, Tarnier and Depaul, sweep over the memory, while gazing at this stately pile, where more than 50,000 women have laid upon the "bed of misery." What an aggregate of suffering has here been endured to people the queen city of the world with *gamins* and *canaille*. The child of the respectable poor and the child of sin prattle and play in adjoining cots, unconscious of the boun-

daries of respectability, which here are obliterated; and little faces disfigured by the terrible instrumental interference which has brought them through narrow straits, testify to the superiority of art over nature in many of the affairs of life.

The privilege of attending bedside instruction in this immense institution is one golden to the physician, as the variety of terrible cases presented is very large; the fame of the institution is throughout France, and the unfortunate and deformed throng there from every direction. There is no place where so much knowledge can be gained upon obstetrics as here, though the privilege of manipulating instruments may be had by the students rather easier in the Vienna school. La Pitié and la Charité are excellent general hospitals, situated in the thickly settled parts of the city, and furnish ready assistance to the unfortunate. They look old and unattractive outside, and the narrow streets around must deprive the patients of a good supply of fresh air, the greatest boon to a feverish sufferer. La Pitié gave me a decided shock, for in examining the post-mortem rooms, I came upon six coffins of thin rough boards, with covers lying loosely over, and containing six of the most wretched and emaciated-looking cadavers, shrived, but unshaven, and dressed in the coarsest, ragged clothes, that I had ever seen. They were to be numbered and buried in the *fosse commune*, a common trench, with not an inch of dirt between, in Mont Martre, where the old man, the baby, the debauchee, and the virgin are piled in pell-mell without a mark, a cross, or a flower planted by a friendly hand. And this is the way that the poor of Paris are sepulchred, who die in hospital without money and friends. The interne showed me some very interesting cases of exsection of the knee, treated by the plaster bandage, and some cases of compound comminuted fracture, which were wrapped in oakum and looked well. I was delighted to meet an American graduate, a citizen of Baltimore, rolling bandages in one of the wards, and he spoke very enthusiastically of the great privileges which he enjoyed. If he don't become distinguished some day, it will not be from lack of earnest preparation. Lariboisière is one of the largest hospitals of Paris, and one of the best arranged and appointed. It is near the elegant Gare du Nord, or Northern Railway Dépôt, at the end of Rue de St. Vincent de Paul, in the famous Faubourg St. Denis, the scene of many a revolutionary fracas. The buildings are arranged to form quadrangles, with spacious courtyards in each, and these have gravelled walks, green turf, beds of flowers, and fountains as well kept as in any park.

Around the quadrangles there is quite a space of land, with walks, flowers, cosy seats, and trees, so that within and without there is plenty of room for exercise, and the arrangement insures a good circulation of fresh air. One can walk all around the inner gardens upon a spacious covered portico or cloister, and thus invalids too feeble for broader strolls can be sheltered from the wind and enjoy the sunshine, fresh air, and flowers, by stepping out of the window of their wards. The wards in this institution are much the same as in all hospitals, but they struck me as very clean, light, and cheerful. I did not detect any hospital smell in any of them. Different sides of the quadrangles are devoted to the sexes, and to medical, obstetrical, and surgical diseases. The heating and culinary regions are marvels of adaptation, and the washing and drying rooms are immense, as they must be to cleanse the dirty clothes of the invalids, who occupy between six and seven hundred beds.

Near a small amphitheatre for students, is the post-mortem room, and into it I went, notwithstanding the whispered words of the superintendent, that the four gentlemen within were *medicins Français*. I had come to Paris to see French doctors and hospitals, and I did not propose to back out when I came into their august presence; so advancing, hat in hand, I informed them I was an American doctor taking in the sights, and was invited to remain and see the post-mortem. The man had suffered long and severe paralyses of different trunkal nerves with lesions of the special senses, and disturbances of cerebration; and a tumor of the brain had been diagnosed *ante mortem*.

The method of *sectio*, so admirably presented by Virchow, was followed in its minutiae, but nothing of mortal deviation from the normal discovered, until the removal of the calvaria. The convexity of the left hemisphere of the brain under the fronto-parietal suture was congested, and the convolutions somewhat flattened. Upon careful examination by perpendicular sections, a tumor was exposed extending from near the upper surface of the left hemisphere, involving the fissure of Rolando, downwards into the left lateral ventricle, and as far forward and outwards as the fissure of Silvius. The morbid growth had pressed upon and displaced important basal ganglia, and thus caused the rich group of symptoms present during the illness.

A Valentine's knife was used, sections placed beneath several microscopes and the tumor structure studied. It was

found to be a round-celled sarcoma. I left this place of death, and, attracted by a glorious chant, entered St. Vincent de Paul, where all was life, and religious services were in full blast, for this was Sunday.

OZONE AS A DISINFECTANT.

BY W. S. SIMONS,
SIGNAL CORPS, U. S. A.

(Read before the Homœopathic Yellow-Fever Commission.)

GENTLEMEN: I beg leave to lay before your honorable body a few ideas of my own on yellow fever, in the hope that if, in your consideration, anything embodied in them be of practical value, it may be found and used in future to prevent if possible, or at least to alleviate to some extent, the distress incidental to the appearance of this dread scourge in a city.

First, then, let me say that my idea is that yellow fever is as much a native of New Orleans as of the Antilles, and that whenever the atmospheric conditions are favorable, we will have it among us in spite of all the quarantine measures that can be devised, unless something can be done to disinfect the air, or render its condition unfavorable to the propagation of the disease. This can only be done, in my belief, by furnishing ozone to the air, as I think that the absence of that gas is the cause of the yellow fever becoming epidemic.

As far as quarantine is concerned, the thing is simply absurd, for admitting that the disease is imported, is it possible to prevent its importation by cutting off our intercourse with infected ports during a certain portion of the year; *i. e.*, while they are afflicted, and then during the remainder of the year allowing an uninterrupted intercourse with them; allowing the importation of coffee in bags or sacks, and other articles too numerous to mention, which afford lurking-places and shelter for the deadly germ, which all, or nearly all, admit to be the source of infection; also to admit of and encourage immigration to this country from those very points against which we quarantine?

Do not the clothes of these immigrants contain the seeds of the disease, and on their arrival here, say in March or April, after our cold weather has ceased (admitting that cold is death to the disease), and before our quarantine is established, do they not offer a starting-point for the disease to radiate from?

And can quarantine regulations of so strict a nature be enforced that it will be impossible in some manner to evade them? Even were it possible to enforce such regulations, could a quarantine be organized against the elements? For until that can be established, we are as much subject to the importation of the germs as ever.

We have records of ashes from volcanoes being carried miles through the air, as in the year 1872, on the island of St. Vincent, one of the West India group, an eruption took place, a large quantity of ashes was emitted, some of which fell on the island of Barbadoes, ninety miles to the east, having travelled thither in an upper current of air, directly over a current blowing almost due west.

In January, 1835, during an eruption of the volcano of Cosequina, Central America, some of the ashes fell on the island of Jamaica, 700 miles northeast of the volcano. At the same time ashes were carried westward, and fell on the deck of a ship in the Pacific Ocean 1200 miles away.

But it may be said that these ashes had an initial force sufficient to elevate them to the height requisite to traverse this distance in the air, but the germs of fever will not be liable to receive this *vis a tergo*.

We have other instances; for example, at several places in Southern Europe, Lyons, Genoa, etc., there has repeatedly fallen a fine dust, which was at first supposed to come from the plains of Africa. Ehrenberg, however, found under the microscope that this dust showed minute organisms and dried infusoria; among them several species belonging to the valleys of the Orinoco and the Amazon, and which have not been found in any other part of the world, so that we must conclude that this dust was carried in the upper atmosphere a distance of over 5000 miles, from the valleys of South America to the shores of Southern Europe; and with an equal facility the germs of yellow fever can be transported from the islands of the Caribbean Sea and the Mexican Gulf, to Louisiana and the valley of the Mississippi.

To make a quarantine proof against the importation of the fever by these means, we must prevent the atmospheric currents from moving in a direction that will bring it from those or other infected quarters to us. Thus I think I have shown conclusively that a quarantine is not a prophylactic against yellow fever.

Now let me give what I believe to be one.

I maintain that when the air is sufficiently charged with ozone,

the germs of disease cannot exist. I do not know or pretend to say whether ozone contains any germicide powers or not, but I base my arguments on the belief that for some time previous to the late epidemic in this city, the air was not sufficiently charged with ozone; this I am led to believe, from the fact noticed by all, of the number of calm days we had during the spring and summer, also that there was a less number of thunderstorms during the same period than we usually have at that season of the year, these being our most prolific sources of obtaining ozone. As a consequence, we were deficient in the supply of that gas.

It is known that one part of ozone will purify or disinfect three million parts of putrid air, and I claim that whenever our supply of ozone sinks below that proportion of one part in three millions of air, that yellow fever is liable to make its appearance in New Orleans from the germs already here, lying as it were dormant in some protected place, where during the latter part of winter and early spring (the period at which our atmosphere is most plentifully supplied with ozone), the purifying air has not been allowed to affect them.

What I believe will eradicate the disease from our land or any other, is a plentiful supply of ozone in the air, sufficient to destroy these germs, or anything else that breeds the disease; in fact, a thorough disinfection of the air by ozone.

The Oxford Disinfecting Minute says, "No disinfection can be thorough if a man can live in a room whilst it is going on." And J. M. Bryan thinks that "the only true disinfectants are those which produce an atmosphere or vapor, in which neither we nor any other life can be sustained."

I disagree with them in this, that I believe a disinfectant may be used to such an extent that it will kill the lesser animals, animalculæ, germs, or anything else that causes the fever, yet man may exist in it without injury; in fact with benefit, as being a larger, stronger being, possessed of more vitality, and able to inhale with the disinfectant gas enough oxygen for his support.

Moreover, Mr. Dewar and Dr. McKendrick, in their experiments reported to the Royal Society of Edinburgh, December 1st, 1873, allowed animals to remain in air charged with about ten per cent. of ozone, and they perished; yet often in the laboratory the air is charged, I believe, to the same extent with ozone, and we experience certain unpleasant feelings, but nothing severe enough to produce death.

Therefore, I am convinced that ozone may be used as a dis-

infectant to rid the air of these germs, without injury to anything else. In fact, I believe that instead of yellow fever being killed out by the frost as is generally supposed (from the fact that it disappears in most cases about the time our first frost comes on), that its disappearance can be better accounted for by the theory that, the deoxygenized air that we had been breathing during the epidemic, is being recharged with ozone by the storms of autumn, and the increasing winds of that period of the year, that generate electricity by the friction of their movement, and consequently ozone. For were it not for something of this kind, and were the fever only stopped by frost or cold weather, they would be in the full enjoyment of it the year through at Key West, Havana, and other points where frost never occurs; which we know is not the case.

As to the means of generating ozone, or the method that might be employed for manufacturing it in a sufficient quantity to act as a disinfectant, I am not well enough posted on the manner of its manufacture to know how it might be done; but I feel confident that if it is tried it will prove a success, and surely some way can be devised for generating ozone enough to supply a deficiency at any time of that gas in the air, if it will eradicate this plague from our land.

THE ELECTRIC LIGHT.

PROFESSOR CHARCOT, of the Salpêtrière at Paris, after making a series of experiments with the Drummond electric light on a number of hysterical subjects, found that a patient placed before a very bright electric light fell usually after some seconds, occasionally not until after three minutes, but in some cases instantaneously, into an anæsthetic condition, to which he gave the name of "lethargy." The subject of this treatment stands as if fascinated, perfectly motionless, and with fixed, staring eyes. The limbs are stiff, but not so rigid that they cannot be moved, and they preserve whatever position may be given to them. The patients neither see nor hear. In vain the operator speaks to them or makes signs; all communication between them and the outer world seems to be at an end. Meanwhile the features take the expression of the gestures. Give to the patient a menacing or tragic attitude, and the eyebrows become knitted; close the hands as if in prayer, and the eyes assume a meek and resigned expression. This phenomenon has already been noticed in mesmeric cases, and is known as the "phenomenon of suggestion."—*Exc.*

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

WM. H. WINSLOW, PH.D., M.D.,
EDITOR.

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Editorial Department.

YELLOW FEVER.

CONCLUSIONS UPON THE LATE EPIDEMIC, BY THE BOARD
OF EXPERTS, EMPLOYED BY THE COMMITTEE OF THE
SENATE AND HOUSE OF REPRESENTATIVES.

AUTHORIZED TO INQUIRE AFTER YEL-
LOW FEVER AND CHOLERA.

WE are indebted to Dr. Falligant, of Savannah, for a copy of the pamphlet above referred to. It came too late to allow a critical examination, or any reference to authorities on the various points upon which there are decided differences of opinion, in the medical as well as public mind: and our space permits no extended extracts.

Ninety propositions are submitted, all the experts voting for them except our own Dr. Falligant. He dissented, voting no, on propositions, 3, 4, 5, 10, 18, 21, 22, 25, 26, 27, and 57.

These objectionable propositions, nearly all favor in one way or another, the *importation theory*, or the belief that no epidemic of yellow fever occurs in the United States, except when the specific poison is brought in from abroad.

Proposition (3), the first one against which Dr. Falligant casts his vote, declares "*that the yellow fever poison is not only*

material and particulate, but it is also organic, and endowed with the vital properties of growth and reproduction."

We are sorry the pamphlet does not briefly state the opinions put forward by Dr. Falligant; but it seems to have been no part of the plan of Dr. Woodworth to have any views but his own brought before Congress and the public.

If we rightly apprehend the sentiment of the third proposition we are inclined to favor it. The poison, or whatever else that may be, which is carried in the hold of a vessel, in the cushions of a coach, in goods, in clothing, from place to place and person to person, producing yellow fever, is surely *material and particulate*. And that which, taken into the human organism in ever so small a quantity, grows and spreads till the blood is full of its irritating presence, and the capillaries are softened and made to burst under its destructive pressure, must be *organic*. And that which, beginning in one house and one person, multiplies and spreads to other persons and other houses, till a whole city is under its power, may well claim "*the vital properties of growth and reproduction.*"

Proposition number (4), should call out objections. The idea that, "*malarial influences contribute toward the dissemination and mortality of yellow fever, in any other way, or to any greater extent than they contribute toward the dissemination and mortality of other epidemic diseases,*" is declared to be unsupported by facts.

We cannot see how the members of the board of experts could traverse the field of the late epidemic and not discover the fact that, the fields of malaria were the haunts of the yellow fever; that not a place was scourged by it, that is not subject to chills and fever.

It is folly to maintain that, the malaria (whatever that may be) which causes intermittent fever, causes yellow fever also; but it is worse than folly—it is madness, to say that, *malaria contributes no more to the dissemination and mortality of yellow fever than Asiatic cholera.*

Who does not know that cholera has been less fatal in places thick with malaria, than in those where chills and fever are almost unknown?

Dr. Falligant objects to proposition number (5). We presume, upon the ground that, *we have some positive knowledge of the local conditions, favorable to the evolution of yellow fever epidemics*, a fact denied by all the rest of the experts.

And he objects to number (10), because *second attacks of yellow fever* are not so rare as represented.

Proposition number (13), is the product of wondrous wisdom, a compromise between the claims of carbolic acid, as a disinfectant, on the one hand, and of a pure atmosphere on the other—saying that, “*the yellow fever poison can be destroyed by chemical disinfectants when they can be adequately used.*”

You may catch birds when you put salt upon their tails!

The experts entirely fail to point out when and how disinfectants “can be adequately used.”

All the other propositions objected to by Dr. Falligant, relate to the question, whether yellow fever is strictly exotic, and always imported, in the United States, or sometimes indigenous or domesticated.

The doctor has bestowed much labor upon this question and has not differed with his fellow-experts, without reliable facts leading to very decided views.

We think he might have voted, very properly, against proposition number (62), upon the ground that it does not go far enough, when recommending the hasty burial of persons dying with yellow fever. In places like New Orleans nothing short of *cremation* is sufficient or safe.

The doctor should have voted against proposition number (85), which says: “*No drugs are known which can be relied upon as preventives of yellow fever or cholera.*” We know that Cuprum is a reliable prophylactic for Asiatic cholera.

But we must not extend this notice. There is room for quite a difference of opinion in regard to the influence of quarantines and other measures, recommended by the majority of the experts.

We hope soon to see some publication of the views of Dr. Falligant, regarding the conclusions of the board of experts.

It remains to be seen if he has had occasion to change his mind, upon the questions involved, since he was acting as a commissioner, under appointment from the American Institute of Homœopathy.

Taking the conclusions of the board of experts as a whole, there are no indications of fresh discoveries in the field of etiology, or pathology, or of sanitary science.

The whole undertaking is clearly in the interest of a national quarantine—of State Medicine, and of Dr. Woodworth and his friends.

WE think a correspondent of the *Medical Advance* rather hypercritical in his references, to the circular of the Yellow

Fever Commission, which, in its first part, contains facts calculated to awaken indifferent and slothful practitioners to a realizing sense of the importance of participating in the investigation.

It is often very difficult to get a man to neglect his private interests and spend his hard-earned dollars for a remote prospect of doing good to humanity and his profession. Our men in the South have had, and are having a hard struggle against ignorance and state persecution, and remote from medical school and society influence, they might be supposed indifferent and apathetic to questions, which set the profession in the North in a ferment.

The circular may have awakened some Rip Van Winkles, but the loads of documentary evidence, poured in upon the commission, show that the mass of the profession South are alert and influenced by a proper *esprit de corps*. We think the circular answered the purpose for which it was designed, in an admirable manner, and we wish all the members of our school would have enough *esprit* to endeavor to harmonize the differences, and excuse the harmless idiosyncrasies of honest workers. Those who are constantly picking flaws and fanning jealousies are, to our mind, mean enough to put sand in their grandmother's sugar-bowl.

WE were delighted to give such solid testimony last month *ex cathedra* of the very excellent condition of our homœopathic medical colleges. The statement made in the January number in regard to the increase of educational facilities, and the elevation of standards of scholarship, thus receives confirmation.

We think the old school, if they would investigate our status, would find the new school and system a rather lively corpse. Yet, "homœopathy is dead," they say; "as dead as a coffin nail." If it is, is it not time for our relations to excuse our faults, and speak charitably and reverently of the dear departed? We don't see any evidence of this in the allopathic journals; but, on the contrary, the same old style of misrepresentation and calumny.

The thorough education of our students is the most effective way to fight the opposition; for each graduate goes into a community like a missionary, and gathers about him those who are crying, "What shall I do to be saved?" and with well-

trained special senses, and a well-furnished brain he shows them "what."

From personal knowledge, we know case after case, where a young innocent graduate in homœopathy has gone into a place as a pioneer of pellets, and in a few years, notwithstanding most determined and desperate opposition, has had more practice than all the other physicians there together.

Let our young men store their garrets full of the pabulum furnished so richly by our excellent medical schools, and we will guarantee that their granaries shall be bursting by the time they need *frumentum* for a wife and baby.

WITH reference to our infant, the youngest college of our school, located away towards the setting sun, where the thermometer drops on its knees before the icy breath of Boreas, as he sweeps over the peaks of the Rocky Mountains, we are glad to present some facts furnished by Prof. A. C. Cowperthwaite.

Amongst the many "signs of the times," which indicate the growth and prosperity of homœopathy, we notice particularly the success which attends the introduction of its teachings into the State universities, in connection with the medical departments of those institutions. In Iowa, after a comparatively light struggle, the homœopaths have gained recognition, and their second course of lectures in the Homœopathic Medical Department of the State University is now in progress with very gratifying results.

A class of thirty-one is now in attendance, which, considering the number of physicians in the State and the competition with older rival colleges, is a large class. The department has a new building erected by the State for its exclusive use, the first time, if we mistake not, that a public building has ever been erected by the people for that purpose. Certainly it can only be a wonder, that in view of all these evidences of progress, our old-school friends persist in crying the old sounds of half a century ago, "Homœopathy is dead and abandoned." On the contrary, we would say, "Westward the star of homœopathy takes its way."

It gives us great pleasure to announce that we have secured, as an occasional contributor to our journal, one of the most distinguished microscopists in the United States; and it would

not be overdrawn if we should say in the world, for his writings are eagerly sought after by all the journals of microscopy, and his improvements in microscopic *technique*, and his discoveries in tissue-elements, place him in the front rank of scientists.

We refer to J. Edwards Smith, M.D., Professor of Histology and Microscopy, in the Cleveland Homœopathic Hospital College, whose paper has the place of honor in the original department of this number.

Professor Smith makes a specialty of renal diseases and malignant tumors, for which his acute knowledge of normal and pathological histology admirably qualify him; and he is constantly in receipt of specimens of morbid growths and of abnormal urine from every portion of our broad country.

We made some pretensions to a knowledge of histology and pathology of the microscopic kind, once upon a time, but good fortune enabled us to spend an evening over the tube with Professor Smith, last year, and since then we have been exceedingly modest.

We congratulate ourselves, our readers, and homœopaths everywhere that Professor Smith belongs to our school, and that he will favor THE HAHNEMANNIAN with some of his valuable essays.

By request, we refrain from comments upon the "Special Report of the Homœopathic Yellow Fever Commission," until its presentation and consideration by Congress.

The interests involved are of such vital importance to the cause of homœopathy, and the good of humanity, that we should use every effort to influence our national representatives in its favor.

It is very important that those who intend to subscribe for this journal should do so at once. An early remittance will not only inspire the editor to continuous efforts to make the journal more valuable, as the months roll on, but will cheer the publishers in their endeavors to spare no labor or expense necessary to present a first-class homœopathic publication to the profession.

Hereafter, only a limited number of copies will be printed, and a late subscriber may find it impossible to get all the back numbers of the year.

ARTICLES for publication in this journal must be in the editor's hands the *first week* of the month before that of issue.

Book Department.

We Dissert Books, not Authors.

THE HOMŒOPATHIC THERAPEUTICS OF UTERINE AND VAGINAL DISCHARGES. By W. EGGERT, M.D. Boericke & Tafel, New York and Philadelphia. 1878.

The publishers of homœopathic literature have been unusually busy the past year, having published no less than three works on the treatment of diseases peculiar to women; among them the one bearing the above title. Three new works on diseases of women surely indicate progress, and the three authors being in the great West, the women of the great Garden City, and those of that important railroad centre, Indianapolis, should be well contented with having in their midst teachers and authors so well qualified.

These authors all claim to be homœopathic physicians; their status in the profession is well known; they occupy the extremes of practice, and yet two of them, in their introductory remarks, quote those noble words from Hahnemann, granting "liberty of action" to those "endowed with the necessary power and knowledge to preserve human life, and with that delicate conscience which every one, whom God has appointed a guardian of human life, should possess." While we believe Hahnemann spoke to his equals at that time, we also believe that he has his equals to-day. Those who are governed in their practice by the law of similars, should not be extremists, but believe with us "*in media est veritas.*"

It seems to us that the author is laboring under the impression that to be successful in the treatment of disease, it is only necessary to have a thorough knowledge of *Materia Medica*. Now this is the opinion of the self-styled *homœopaths*. It is frequently necessary, in the treatment of uterine affections, to apply local remedies and mechanical measures which seem the *sine qua non*, and in doing so we believe that we are practicing as strictly in accordance with the law of similars, as those who exclusively follow the *Materia Medica*. The law of cure does not limit us to dose, and its mode of administration, and if we see fit to apply the same remedy locally as is given

internally, we believe such practice to be not only scientific, but both "liberal and rational."

That a majority of the diseases of women can be successfully treated by the use of remedies given internally, no practitioner of experience will deny; but many cases will *not yield* to the appropriate remedy given internally, and mechanical and local measures must be employed. When men proclaim that they successfully treat *all* uterine affections with the single remedy, and often a single dose, "high, dry on the tongue," we take that *cum grano salis*. Women have often to suffer for weeks and months, not "from indolent and ignorant practitioners," but from medical bigotry. We are well acquainted with the facts of a case of uterine cancer, which was treated by a homœopathician; he studiously avoided using disinfectants; the stench became so great and unendurable that an old-school physician was called. Disinfectants were employed; everything in the house soon wore a different aspect; the patient and friends were highly pleased with the result, and the consequence was homœopathy lost valuable supporters, all on account of the homœopathician's "medical stupidity." None have more veneration for Hahnemann than we, but he left the application of the law of therapeutics very imperfect; pathology in his time was in its infancy, and we are not any more compelled to follow Hahnemann's teachings to the letter, than he was to follow his predecessors.

The author presumes that when a physician fails to cure a case he is ignorant and indolent, when, perhaps, this very ignoramus had studied his case as carefully, and prescribed as scientifically, as the author himself could have done; yet, he failed, and because of his failure he is stamped an ignoramus.

We never will be able to master the *Materia Medica* as we have anatomy, physiology, surgery, etc.; and just here we might remark that the author has mentioned all the branches of medical study except pathology. This is an omission of a very important subject; it is taught in all of our colleges, and without it a diagnosis is doubtful, and a prognosis guesswork.

The introductory remarks in this work are calculated to mislead young practitioners, who have not sufficient stamina to think for themselves. He would restrict the "freedom of thought." What a vast contrast between his remarks and those of one of the ablest expounders of the principles of homœopathy! "The disciples of Hahnemann have not been so 'baptized into' him, nor so lost in the 'ritualism' of his immediate followers, as to be blind to all defects in his and their workmanship and teachings.

"They believe in free thought, free investigation, free discussion, and especially in the growth of knowledge, the constant unfoldings of truth, and the high and holy privilege vouchsafed to each generation, of going beyond the waymarks of all other generations, in the wide fields and great thoroughfares of human improvement."*

Those who do not believe as the author does are not all fools by any means, although he insinuates as much. Many of our ablest and most prominent homœopathists are practicing under the flag of "freedom of thought and liberty of action," with honor to themselves and credit to homœopathy and the scientific world. This work contains thousands of symptoms that are not of the least practical utility, being symptoms common to many remedies, while many of them are merely sympathetic and evanescent; you can't place your finger on them and say they are due to any certain pathological condition.

Many other symptoms are unreliable, if not absurd. For instance, on page 326, we find: "Lively and romantic young girls falling in love easily." Is that an abnormal condition? If so, and Ignatia will remove that loving tendency, we fear there would soon be a corner in the matrimonial market. Again, on page 421, we find as an indication for Apis, "decrease of sexual desire in widows." Is this not natural when the stimulus has been removed? If space permitted, we could add many more such indications, which much remind us of a proving of *Nux absurda*, 100,000 F. (fluxion potency), to which the above indications would make a valuable addition. Such indications add nothing to the value of our literature, but tend to make it ridiculous in the estimation of educated readers. Perhaps they were incorporated for the benefit of the "saintly few," who would not believe the work complete without them.

Characteristics are not always obtained in the most reliable manner. For instance, an enthusiastic homœopathician cures a case of dysentery in four to five days (many cases get well in that time without medicine); as a prominent symptom, he finds that painful stools are followed by a desire to get well. This case is reported; straightway it is published as a characteristic, and without a second thought marked on the margin of the *Materia Medica*.

This work shows unmistakable evidence of a great deal of labor, and had the author devoted part of his time to a con-

* Our Provings. By J. P. Dake, M.D., *North American Journal of Homœopathy*. New Series, vol. iv, p. 376.

sideration of the pathological conditions of the parts involved, and then given the remedies, the work would be more practical.

The work is divided into eight parts: Part I. On menstruation and dysmenorrhœa, gives the remedies indicated by the quantity, time, character, and concomitants. Part II. On menorrhagia, has the same division as the first part. Part III. On amenorrhœa, gives the remedies, causes, and concomitants. Part IV. Is on abortion and miscarriage. Part V. On metrorrhagia. Part VI. On fluor albus. Part VII. On lochial discharges. Part VIII. On generalities. By this arrangement the book is made as convenient as possible. The various parts pertaining to the sexual and generative organs contain about all of the valuable symptoms in the *Materia Medica*.

The publishers have performed their part in their usual good style. The typographical part is excellent; clear, large type, on good paper. The binding is in the usual substantial manner, for which the publishers have an enviable reputation.

C. P. SEIP.

AUSCULTATION AND PERCUSSION. By H. C. CLAPP, M.D.,
Lecturer in the Boston University, School of Medicine.
Houghton Osgood & Co., Boston.

This little work presents in tabular form a condensed summary of authentic observations upon auscultation and percussion. The author first gives the sounds of the heart and lungs as observed in health, and then presents those of the diseases of the same, under the following divisions: varieties; character of the sound; relation to inspiration and expiration; how produced; usual seat, etc. It will be seen from this, that the plan gives a clear and concise view of the physical signs of these very important and frequent diseases; the death-rate of the acute diseases of the respiratory organs is said to be about 13 per cent. of the total mortality.

Anything which will aid in a clear and early diagnosis of disease must be beneficial to the patient, and satisfactory to the physician. The author has consulted the best authorities on the subject, and, adding to this his own clinical experience, gives the result to the public in its present form. Four plates are given, showing the location of the organs in health.

This book will save many weary hours to the busy practitioner, since it presents in a few lines, and in the clearest manner, both as to arrangement and terms, what would be contained in whole pages of larger works.

We have no hesitation in advising every practitioner to procure a copy, and then to study it, feeling assured that beneficial results will accrue.

The book is printed without an error, in a clear type, and with wide margins. The frequent use of leaded words to fill out lines, we think objectionable, since it has a tendency to confuse the reader, the words conveying the impression at first sight, that they have been put in italics for emphasis.

T. M. STRONG.

A SYSTEM OF SURGERY. BY WILLIAM TOD HELMUTH, M.D., Professor of Surgery in New York Homœopathic College; Surgeon to the Homœopathic Hospital on Ward's Island; to the Hahnemann Hospital, and to the New York Hospital for Women; Member of the American Institute of Homœopathy, etc. Illustrated by 568 engravings on wood. Third edition, pp. 1000; sheep. Price, \$8.50. Published by Boericke and Tafel, New York and Philadelphia.

We shall not pretend to review this work, because one cannot read 1000 pages in a week, if he has anything else to do; and we do not review unless we know what we are writing about; but a hasty inspection shows that this edition is a magnificent work on surgery, fully up to the times in pathology and practice, and illustrated by new and natural pictures, not the hackneyed ones that everybody borrows. Though every one should have two or more works on surgery, if he expects to do any such work, yet this alone is sufficient for all purposes, if one must economize, as it possesses all the surgical science of Erichsen or Gross, with the addition of surgical therapeutics according to our valuable law.

Thank heaven! we have another good, solid, scientific work on homœopathic surgery, one that we may be proud of, and that will compare favorably with any other in existence. We shall notice this work more particularly after we have become familiar with its contents.—ED.

LECTURES ON MATERIA MEDICA. BY CARROLL DUNHAM, M.D., Author of "Homœopathy the Science of Therapeutics," etc. A 16mo. in two volumes of over 400 pages each, printed on excellent white paper, in clear-cut type, and published by F. Hart & Co., 63 Murray Street, New York City, 1878. For sale at all Homœopathic Pharmacies.

Two more beautiful and valuable books added to our literature from the pen of one we honored and loved. They

seem to come almost from the spirit-land, these posthumous works of absent ones, to awaken memories of him whose deeds and thoughts will grow greener like each resurrection of spring from the sleep of winter.

These portly volumes contain the lectures of the late Prof. Carroll Dunham before the class of the New York Homœopathic Medical College. "They have been edited almost verbatim from his note-books, and are the ripe fruits of his thought and experience, in his own latest words, too valuable to be lost. His wife made arrangements for their publication, hoping to render his labors more available to the profession, and thus promote the chief object of his life, the benefit of his fellow-men, through the development and dissemination of a rational and scientific therapeutics."

There is an excellent "Memoir of the Author," from the pen of Dr. E. M. Kellogg, excellent chapters on "Materia Medica and Therapeutics," "Study of Materia Medica," "The Therapeutic Law," "Preliminary Observations," "Principles of Homœopathy—Principles *vs.* Practical Knowledge," "Symptoms, their Study ; or How to Take the Case," "The Anamnesis," and then follow the individual remedies. These are treated in a succinct and condensed way very refreshing to those weary with millions of symptoms. Here one can study homœopathy scientifically. We think these books ought to be in every physician's library, and believe they will crowd many others out of the market.—ED.

A TEST OF THE EFFICACY OF THE HIGH DILUTIONS. BY
LEWIS SHERMAN, M.D., Milwaukee, Wisconsin.

We make an extract from this paper, presented to and indorsed by the Milwaukee Academy of Medicine. We hope our readers will give it the attention which so important a subject deserves.

"I propose a scientific test of the pathogenetic and therapeutic action of the thirtieth Hahnemannian dilution. The object of this test is to determine whether or not this preparation can produce any medicinal action on the human organism in health or disease.

"A vial of pure sugar pellets, moistened with the thirtieth Hahnemannian dilution of Aconite, and nine similar vials, moistened with pure alcohol, so as to make them resemble the test pellets, shall be given to the prover. The vials are to be numbered 1, 2, 3, 4, 5, 6, 7, 8, 9, and 10. The number given to the Aconite vial shall be unknown to the prover, and it

shall be his task to determine which of the ten vials contains Aconite.

"These preparations are to be put up with the greatest care in the presence of the members of the Milwaukee Academy of Medicine, and then placed in the hands of an unprejudiced layman of unimpeachable honor, who shall number and dispense the vials as they are called for by the provers.

"The provers must be physicians of acknowledged ability, who possess a good knowledge of the recorded symptomatology of Aconite, and who have faith in the efficacy of the thirtieth dilution.

"If a hundred physicians engage in making the test, and all or nearly all single out the Aconite pellets, the inference will be that the thirtieth dilution represents the medicinal properties of Aconite.

"If only about ten of the hundred succeed in the trial, the inference will be that the thirtieth dilution of Aconite possesses no medicinal properties, for according to the laws of probabilities about one in ten would guess right without making any trial.

"Preparations of *Arsenicum album*, *Aurum metallicum*, *Carbo vegetabilis*, *Natrum muriaticum*, and *Sulphur* in the thirtieth Hahnemannian dilution, made with the same precautions and care as this of *Aconitum*, shall be used as a test of the *therapeutic* powers of the thirtieth dilutions. In consideration of the inconvenience of experimenting on the sick, arising from popular prejudices, the number of vials of "unmedicated" pellets may be limited to one for each remedy, and the experiments tried mostly in chronic diseases. The real gain to the healing art which will be accomplished by the establishment of the truth or falsity of the theory of 'potentization,' will amply compensate for the risk of delaying a few cures.

"The experimenters must be physicians of acknowledged ability, who possess a good knowledge of the therapeutic indications of the remedies tried, and who profess faith in the efficacy of the thirtieth dilution. If in this trial, there be about one hundred per cent. of successes, the inference will be that the thirtieth dilutions have curative powers. If there be only about fifty per cent. of successes, the inference will be that the thirtieth dilutions have no curative powers.

"If those who advocate the use of these preparations refuse to participate in the experiment, the profession will have reason to suspect that they are insincere.

"If the result of the test should be, to prove that the thir-

tieth dilution of a drug can make the sick well or the well sick, then it must be acknowledged, that in this a great discovery has been made in physics, as well as in medicine, and the science and ingenuity of the civilized world will be set at work to find out the useful applications of the discovery.

"If the result should be, to prove that the thirtieth dilution has no such powers as it is claimed to have, then the medical profession has a right to demand, that the symptoms supposed to have been produced by the thirtieth and higher dilutions be expunged from our *Materia Medica*, and that advocates of the potentization theory shall henceforth cease to prate their 'cures' in medical journals and before medical societies which are avowedly devoted to the interests of science.

"REPORT OF THE COMMITTEE appointed by the *Milwaukee Academy of Medicine*, for the purpose of making arrangements to prepare a scientific test of the efficacy of the thirtieth Hahnemannian Dilutions. Mr. President: Your committee have carefully considered the plan proposed in Dr. Lewis Sherman's paper, for testing the efficacy of the thirtieth Hahnemannian dilution, and we are unanimously of the opinion that the test proposed in that paper is fair and honorable, and that the interests of science demand that it should be made.

"We recommend that our society undertake to carry out the provisions of this test, and that to this end the essential features and the practical details of the test be given for publication as soon as practicable, to every regular homœopathic periodical printed in the English language; and that translations of the same be sent to every known regular homœopathic periodical printed in foreign languages; and that all other appropriate and accessible means be employed to give the test publicity.

"That the directions given by Hahnemann for the preparation of the thirtieth dilution be followed with the most scrupulous exactness; that the alcohol used be of the purest quality obtainable, and that to this end, a quantity of the best, so-called 'Homœopathic Alcohol' be redistilled in glass for the purposes of this test.

"That the Rev. Geo. T. Ladd, of Milwaukee, be selected to number and dispense the vials of test pellets, as they are called by the provers and experimenters; and that he give a solemn pledge that he will not, in any manner, reveal to any person, which of the preparations coming from his hands have been medicated with the thirtieth dilution, until he shall have been called upon to do so by this society, and that he will use

every means in his power to preserve the purity of the materials intrusted to his care, and to make the test fair and honorable.

"That all provers and experimenters be required to send their reports to the Secretary, Dr. Albert Schlämilch, before the first day of December, 1879; and that the result be published in full about the first of January, 1880.

"And finally, That this society appropriate a sufficient sum of money to defray the expenses of furnishing and delivering the test pellets of Aconite to one hundred provers,—these being selected from the first who apply,—and that the other provers and experimenters be required to pay in advance to the Secretary of the society, the sum of thirty cents for each set of test pellets sent them.

"EUGENE F. STORKE, M.D.,	G. C. McDERMOTT, M.D.,
ROBERT MARTIN, M.D.,	O. W. CARLSON, M.D.,
E. M. ROSENKRANS, M.D.,	JULIA FORD, M.D.

"ALBERT SCHLÄMILCH, M.D.,

Secretary, Milwaukee, Wisconsin.

"MILWAUKEE, WIS., Dec. 3d, 1878."

MILWAUKEE, January 20th, 1879.

EDITOR OF HAHNEMANNIAN: The remedies mentioned in Dr. Sherman's paper, "A Test of the Efficacy of High Dilutions," prepared in the presence of the members of the Milwaukee Academy of Medicine, on January 7th and 9th, 1879, are now ready for distribution. The free list, referred to in the last paragraph of the report of the committee, includes only believers in the efficacy of the 30th potency to produce pathogenetic effects in the healthy; others will be expected to remit in advance the sum of thirty cents to defray expenses.

A. SCHLÄMILCH,

Secretary Milwaukee Academy of Medicine.

CLINICAL RECORD CHARTS.—We have received from Dr. B. W. James, of Philadelphia, a package of ruled and printed slips of paper, for use in recording cases of disease. The heading has printed upon it, number of case, address, date, main symptoms, diagnosis, etc.; while below, in separate columns, are date and hour, temperament, pulse, respiration, remedy, and remarks. They are small, neat, and well adapted to the purpose for which they have been prepared, and we think they would be of considerable value to the scientific and careful physician. They may be procured at the homœopathic pharmacies.—ED.

NEW YORK OPHTHALMIC HOSPITAL—TWENTY-SEVENTH ANNUAL REPORT.—Ever since we were boys playing marbles, this institution has been in existence, fighting the opposition, helping the afflicted, and winning a name and fame for us in the great metropolis. Wonderful, is it not? More wonderful still is the report which lies before me: New patients treated each month, from 315 to 575; prescriptions dispensed, from 3133 to 4109; average daily attendance, 121 to 158; largest daily attendance, 158 to 221; patients received into the hospital, 7 to 22. The total number of cases treated during the year was 5713; of these, 1136 were diseases of the throat, 1017 of the ear, and 3560 of the eye.

This is an extraordinary showing for a single institution, and embraces an amount of individual labor on the part of the staff, which cannot be conceived by those who have not been trained to a specialty in a great hospital.

In the famous Will's Ophthalmic Hospital, Philadelphia, where we had the honor of serving a couple of years, which was founded in 1832, they do not much surpass these figures. For the year 1876, the total number of patients treated was 4033, of which 458 were in-patients. If this contrast don't make us proud, what should? Think of it—not a special institution of this kind in all Europe, under the control of our school, and this one of ours ahead of many here. One thing is certain, either the Britishers are dull, or we are extraordinary sharp.

We are glad to see the hospital has over \$5000 in bank, and our friend, Dr. J. H. Buffum, as lecturer on the anatomy of the eye, in the excellent school attached.—ED.

AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY. PUT-IN-BAY, June 19th and 20th, 1878.

The above greets us from the outside of a fine covered pamphlet of seventy-three pages, just received from Dr. T. P. Wilson, of Cincinnati. What does it mean? Is it a *pretensus* of that august body, the mysterious O. & O., which frightened so many country members with its cabalistic sign, upon the door-post, by Erie's placid waters? Is it the whole society, or the society's brains, or what? Investigation further shall reveal. Oh! it's a REPORT of the papers read at the meeting of the society, concurrent with the last session of the American Institute of Homœopathy. It is the first report

issued in book form, of the doings of a young society of specialists, many of whom have grown gray in pursuing the tangled threads and conjoined mysteries of O. & O. It augurs well for homœopathy, that thus early we are able to muster a corps of specialists so large, as to demand the publication of their papers by themselves; and we hope to see this modest book grow thicker and thicker, by the addition of well-digested papers, until it rivals in size and scientific merit its prototype in the other school.

The book contains papers by Drs. Wilson, Norton, Wanstall, Phillips, Lewis, Woodyatt, Campbell, and Vilas, many of which have already met the eyes of the general reader in *The Cincinnati Medical Advance*. There are essays, therefore, from the East and West, and many, who belong to the O. & O. Society, are not represented at all; but it's the members' fault, not the society's, and we hope they will do better next session, at Lake George.

We think everybody in the profession ought to have this little book, and try to solve the mystery of O. & O.—Ed.

CLINICAL THERAPEUTICS. BY T. S. HOYNE, A.M., M.D.,
Professor of Materia Medica and Therapeutics in Hahnemann Medical College of Chicago, etc.

We have received Part VI, of Vol. II, of the above work, which, as most every one knows, is being issued in fasciculi, almost as regularly as a journal. This number is as neat as a Durham heifer, and bears upon its 144 pages the marks of acute observation and much burning of midnight oil.

Homœopathic symptomatology, culminated in the *olla podrida* of Prof. Allen, and the work of the future will be to separate the chaff from the wheat, the false from the true, and build up a confirmed materia medica, one that has been indorsed by feverish lips and throbbing brains.

A knowledge of the characteristic symptoms of a case, and of those of a medicine, should stand boldly out like pyramids in the desert; then, one need not devote so much time to 2 A.M. aggravations, and the flapping of the *alæ nasi*.

Prof. H. is a laborer in this vineyard, and gives us many useful facts, and some miracles. Every case should be scrutinized by the light of science and reason; the false separated from the true; partisanship and hero-worship shunned, and the truth steadfastly pursued. Then these clinical therapeutics may be of great use to the practitioner.—Ed.

HYDROCELE AND ITS RADICAL CURE. By G. A. HALL, M.D., Professor of Surgery in the Hahnemann Medical College of Chicago.

This is a short monograph, containing matter already published in the pages of the *United States Medical Investigator*, in which the author declares his preference to be the removal of a portion of the tunica vaginalis testis for the radical cure of hydrocele. After a brief clinical history, the citation of the testimony of a number of writers in regard to the general inefficiency of the usual modes of treatment, by injections, strapping, etc., and the record of several cases cured by internal homœopathic medication, he gives as reasons for the operation advocated by him: That there is no return; the dangers of the operation are lessened; it subjects the patient to as little pain and inconvenience as any other method; it can be performed under any circumstances where a surgical operation is necessary, and by removal of redundant tissues the parts may return to nearly their normal size.

Several cases are selected from the Doctor's case-book as the ones most worthy of note. From their severity, the advanced age of some of the patients, and the general results gained, we are inclined to believe his method one of the best offered by surgical experience, though it does not differ greatly from the long incision. We know the author to be a man of considerable experience, exceedingly cautious in his practice, and prone to take grave views of things; so that one can rely upon every word he says, and consider his cases rather under than overdrawn. We, therefore, recommend this neat brochure to those who have the courage to use the knife after medicines have failed.—ED.

THE MEDICAL, SURGICAL AND HYGIENIC TREATMENT OF DISEASES OF WOMEN, ETC. By E. M. HALE, M.D. Boericke & Tafel, New York and Philadelphia. [The most reviewed book of the period.—ED.]

MR. EDITOR: In my hurried notice of Dr. Hale's recent work on sterility, etc., which appeared in your January number and called forth Dr. Hale's rejoinder, I disclaim all intention of misrepresenting the distinguished author, or underrating his book.

1. I stated that, "Part II, on Dystocia and Its Treatment, is a revised edition of the article furnished by Dr. Hale for Dr. Richardson's *System of Obstetrics*, and is therefore not new to

the profession." It should have read not *entirely* new to the profession.

The two chapters on *Disorders and Accidents of Pregnancy* and the one on *Medication of the Fœtus in Utero* appear for the first time, and are deserving of careful consideration, on account of their great practical value.

2. As to the derivative action of the *dry cupping*, we do not differ, yet we may still be permitted to doubt the necessity of resorting to this antiquated measure, as well as the propriety of incorporating it in an avowedly homœopathic work. The doctor says: "The Bromide of lithia in delirium, with insomnia, may be secondarily homœopathic, but granted it is *not*, its action is certain and curative." The primary action of a drug must precede the secondary. Can doses of twenty to thirty grains be taken every four or six hours, without causing primary pathogenetic effects?

3. The doctor admits that even he fails to see the similarity between the constipation of pregnancy and the compound pill, and adds, "that it is an *aperient* which we may have to use to avoid a greater evil, which an enema, or the apparently homœopathic remedy, will not remove, because the fecal impaction is mechanical and beyond their reach."

The doctor tells us in his *preface*: "The law of cure enunciated by Hahnemann is universal and all-embracing. Palliatives may be useful as *aids* to a cure, but no *cure* can be made by medicine that is not a homœopathic cure." Again, he says: "In the following work I have not, except in rare instances, advised any remedy that is not homœopathic, either constitutionally or locally, or by virtue of its primary or secondary action. I yield to no one in my adherence to the law of *similia*;" and yet on page 245, he says: "A favorite preparation of mine in hydræmia, with weak and irritable heart, is *Digitalin* 3^x and *Ferrum met.* 1^x, equal parts triturated together, of which I prescribe two or three grains three times a day." Page 223, for vomiting during pregnancy, "20 to 40 grains of *Bromide of potassium*, twice a day, in an enema of a pint of milk, beef tea, or mutton broth, is authorized;" also, *Chloral hydrate* used in the same way. "In very acid states of the stomach, with sick headache, a teaspoonful of Tarrant's Seltzer Aperient before breakfast is very efficient," p. 252. Such chemical antidotes may temporarily sweeten the acid stomach, but I submit, if Nitric, Sulphuric, or some other acid, would not be in better keeping with principles so *conspicu-*

ously set forth in the *preface* of the work. To talk of primary and secondary action leads to confusion.

Why claim adherence to the law of *similia*, and yet be "bound down to old dogmas and antiquated therapeutic notions," as for instance, that palliation is permissible, and constipation must be relieved by establishing an artificial or pathogenetic diarrhœa. While I hold that the physician is bound to do the very best he can for his patient, I protest against empiricism under the garb of homœopathy. I object to any one claiming a universal law of cure, and ignoring it at the same time; substituting the empirical for the scientific.—J. C. B.

THE YELLOW FEVER AND THE AMERICAN PUBLIC HEALTH ASSOCIATION. BY J. P. DAKE, A.M., M.D., NASHVILLE.

This is a pamphlet of eight pages written in the author's tersest style, in which he asks, "What shall we expect from the investigation?" and then answers the question very fully. He alludes to past sessions of the Public Health Association, and shows how they pretend to search for truth by the way-side, and in reality accept it only from sources that please the fancies and opinions of cliques.

The American Public Health Association will go up and down the world hunting for causes and trying to fence out imaginary disease germs till kingdom comes, and the people will go on dying by the epidemics just the same. The fact is the American Public Health Association is made up of diletante humanitarians, fusty government officials and bedighted army surgeons, who want truth covered by sectarian garments.

Their pretensions of working for the good of humanity is a burlesque. When they will recognize the ten thousand homœopathic physicians who stand ready to fill their itching ears with more truth than they have yet gathered; when they cease to be partisans and become free men, we shall have some hopes of their labors.—ED.

A PRACTICAL MANUAL OF THE DISEASES OF CHILDREN. BY EDWARD ELLIS, M.D., London, England. Third Edition. Reprint of William Wood & Co., New York City, pages 214.

The great medical publishing house of New York is issuing a series of reprints of standard medical works. Twelve num-

bers constitute the "library," and they are sold by subscription only for \$12 the set. Think of it! Twelve valuable volumes on cream laid paper and elegantly bound, containing 200 to 400 pages, with illustrations, for only a dollar a volume.

This one received is perfect in execution and taste, and does the eye good to look at it. The subject-matter is as excellent as the setting, and the author belongs to that observing, thoughtful class of old-school physicians who have broken away from blisters, setons, and venesection, and become very conservative in the use of medicines. He quotes in his preface: "How to detect disease is a thoroughly worked problem, but how to cure disease is one that has received too little attention from scientific physicians." . . . "The study of therapeutics is attracting more and more attention at home and abroad." The work begins with general observations on management and diet, then comes medical examination and a comparison between the state of health and disease; rules on diet; scrofulosis; tuberculosis; rachitis; syphilis; rheumatism and parasites. There are good articles on diseases of the navel, night terrors, epistaxis, incontinence of urine, and prolapse of the anus.

Chapter X is General Therapeutic Hints and Formulæ. This has good things, but we regard his complex formulæ as mistakes. Conservatism is noticed by $\frac{1}{2}$ gr. Quinia sulph. to $\text{f}\overline{3}\text{ss}$. water, $\frac{1}{2}$ gr. Potas. iod. to $\text{f}\overline{3}\text{j}$ water, $\text{m}\overline{j}$ Tr. Nux vom. to $\text{f}\overline{3}\text{ss}$. water. Rhus tox. is recommended in $\frac{1}{8}$ to $\frac{1}{2}$ gr. of leaves powdered. Dr. Ellis was induced to use Aconite tr. by a homeopathic friend; he got no effects from 3^\times , but with $\frac{1}{4}$ to $\frac{1}{2}$ -drop doses of the tincture the results were excellent, and he recommends it in acute inflammations.

The Dietary in the back of the book is of considerable value. It has "beef tea in haste," "bread jelly," "rice milk," "tamarind whey," "egg soup," "rose tea," and sickens us at the end with "palatable castor oil." Like most Britishers, he has a good opinion of beer, brandy, etc. "I have seen good results from the old-fashioned plan of allowing delicate young persons a glass of rum and milk early in the morning, say at least an hour, better two hours, before breakfast. Brandy *must* be old. 'Three Star Hennessy' is reliable. Young fiery brandies are bad enough for strong stomachs; they are simply poison to a sick child. I have often, when an out-patient's physician in crowded London districts, shuddered to hear of the 'drop of brandy' and the 'drop of gin' which some unhappy little one had been compelled to swallow to 'do it good.'"

Meigs and Pepper's *Diseases of Children* is an encyclopædia of this subject, while this work is a sizable, portable book, containing a summary of useful facts, and an excellent condensation of the maladies of childhood. It treats upon some affections, such as "night terrors" and "nosebleed," which other works are too proud to mention. We like the book very much, and from the prospectus accompanying, we judge the other volumes will prove of even greater value. Amongst them is, *Frerichs on the Liver*, a classical work on the subject. We know of no way a young physician can fill his empty shelves so cheaply and profitably as by subscribing for this library edition.—ED.

SHERMAN'S BULLETIN OF NEW REMEDIES, No. III, Milwaukee, Wis.

A pleasant little pamphlet, of use to stir the profession up in the natural history and physical properties of medicines, in which so many are deficient. We don't know what such old medicines as Nitrite of amyl, Apomorphia, Iodide of arsenic, and Calabar bean are put in for, unless as stuffing. Several others mentioned are worthless weeds of which little or nothing is known. We think it would be better for the profession to increase their knowledge of the properties and uses of the medicines we have now, than to forage around for novelties which can be of no use until they have been solidly proved upon healthy human beings.—ED.

VICK'S FLORAL GUIDE.—A pretty illustrated book of floriculture, which makes us forget the wintry landscape. We see the names of medicines suggestive of apothecary smells; the rocket and pansy nod from opposite pages; the grasses, ferns, and liliaceæ, and gardening tools are placed in sweet suggestiveness; all are so well described, so mingled with glimpses of country scenery, and

"Waters where the water lilies grow,"

that one feels like getting out of this and buying "ten acres enough." Alas! such things are not for the healers of man, so we lay down the tempter with a sigh.—ED.

PHILADELPHIA MEDICAL TIMES.—A bi-weekly journal of medical and surgical science, edited by our whilom friend, H. C. Wood, M.D., Professor of Materia Medica in the Univer-

sity of Pennsylvania, and published in excellent style by J. B. Lippincott & Co., is one of, if not *the* best of old-school journals. We have taken it since its foundation in 1871, and can recommend it as a representative of the progress and medical activity of our great medical centre. No push nor blowing can rob Philadelphia of the glories of the past, nor the excellencies of the present in medical affairs; and this journal is a mirror in striking contrast to that crude country cross-roads production called the *Medical and Surgical Reporter*. We are aware that many homœopaths have invested their money on this last miracle of waste paper, and we advise such to send their subscriptions to the *Philadelphia Medical Times*. Then they will make solid progress along with its great writers, and be educated many-sided, as all good homœopaths should be.—ED.

NEW YORK MEDICAL JOURNAL.—A monthly journal of most classical medical literature, edited by James B. Hunter, M.D., and published by D. Appleton & Co., New York, is another valuable periodical which few can afford to do without. Its articles cover the whole range of scientific medicine, and its twelve numbers annually, when bound, make a most valuable addition to one's library.—ED.

THE MEDICAL RECORD.—A weekly journal of medicine and surgery, edited by G. F. Schrady, A.M., M.D., and published by William Woods & Co., New York, is also an excellent and cheap journal, and we shall pay it our compliments when we have more room.—ED.

THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY. Edited by Samuel Lilienthal, M.D., and published quarterly by Boericke & Tafel. Just what Hay's *American Journal of the Medical Sciences* is to the old school, this famous publication is to the new. Its one hundred and thirty-eight pages are filled by the choicest essays of American and European writers, and its translations, with valuable commentaries, by the distinguished editor, make the serial invaluable to scholarly men. The General Record of Medical Science, in connection with the Gleanings of the *Hahnemannian*, form a medical periscope of rare value to all classes of practitioners. We hope every one will take Lilienthal's Journal, and just as many other journals of our school as he can. The physician who takes all the journals is always successful.—ED.

Gleanings.

POISONING BY DIGITALIS (*L'Art Mcd.*, September, 1878).—A woman, age 28 years, had been treated some time before for a cardiac affection. February 25th, she took fourteen granules, and on February 26th, sixty granules, containing a milligram of digitalin. Almost immediately she lost consciousness, and an hour afterwards was brought to the hospital. The features were altered, the face pale and covered with sweat; did not appear to recognize anything around her; her strength was so far gone that she had to be assisted into the ward. She uttered acute cries, caused by a violent cephalalgia and severe pains in stomach. As soon as she arrived in the ward vomiting began, accompanied with violent efforts and pains. The matter vomited was abundant, and of a bilious character. She had pains in the head; humming in the ears; vertigo; pupils dilated, but equal; pulse feeble and slow (40), but regular; systolic souffle somewhat harsh at the apex of the heart.

An emetic was given, and 500 grams of infusion of coffee. The vomiting continued through the evening and night; two basinfuls of liquid were ejected. Insomnia was present, with numbness and tingling in the limbs, especially the extremities. The cephalalgia, the troubles of sight and hearing persisted; the pulse remained at 48. Epigastrium was sensitive, painful to pressure. Patient complained of a burning sensation in the stomach. On the morning of February 27th the patient was so weak as to be unable to hold herself upon a seat; vomiting was constant, affording no rest, with pains along spinal column. The hands and feet were cold to the touch; a tingling run through the members.

The day on which she took the poison, she had her menstrual flow; it had been completely arrested; pulse was 40; the buccal temperature 36.8°; vaginal, 37.6°; axillary, 37°. During the 27th of February, 150 to 200 grams of urine were passed, containing an abundance of urates, but no sugar or albumen. In the evening, a slight amelioration was manifest; the pulse was 44; buccal temperature 36.6°; vaginal, 37.6°; axillary, 37°.

On the 28th the prostration was very great; the movements were slow and painful; there was persistent vomiting; slight diarrhoea; pulse feeble, 50; temperature, buccal, 36.4°; vaginal, 37.8°; axillary, 37.2°. Coffee was given, with injection of morphia. In the evening, improvement allowed the patient to sleep; vomiting was less frequent; urine scanty, and she had three liquid stools. Pulse 40. On the 29th, improvement still more marked. The menses had returned. On the following day, the urine was more abundant; the pulse was still 44, on the 3d of March; on the 6th it was 60, and had become stronger and full. A remarkable feature of this case of poisoning is the sudden cessation of the menses, and their reappearance after the first symptoms of the attack had passed. The pain along the spinal column was also to be noticed. The woman finally made a good recovery.—T. M. S.

TREATMENT OF TETANUS.—Dr. De Renzi puts his patient in a dark room, the floor is covered with heavy carpets, and the door is

only opened once every four hours in order to give nourishment. The ears are closed by putting in wax, and the strictest quiet is enforced. The diet consists of beef tea, eggs, and white wine. Of four cases of tetanus thus treated, three recovered.—EXT.

STRAPPING IN PLEURISY.—This is highly recommended by Dr. Biddle, of Philadelphia. The straps of adhesive plaster are applied upon the chest, so as to compel the patient to carry on respiration by the diaphragm and abdominal muscles. It is to be used only as an adjuvant to other treatment.—EXT.

ON PROGRESSIVE AMYOTROPHIC BULBAR PARALYSIS AND ITS RELATION TO SYMMETRICAL SCLEROSIS OF THE LATERAL COLUMNS, BY PROF. LEYDEN (*Allgemeine Med. Cent.*, 100, 1878).—The symptomatology may be thus summed up: Disturbances of the lingual and labial muscles usually open the scenes of dysarthry, followed by dysphagia caused by the debility of the tongue and soft palate, which also produces the usual salivation. The affected muscles also show atrophy. As the nervus vagus is also affected, phonation suffers, and dyspnoëic attacks appear. The muscles of the throat and neck become atrophied, and the symptoms of progressive muscular atrophy appear in the hands and arms, then in the trunk and lower extremities. The patient dies in a suffocative fit or succumbs to a pneumonia. The disease hardly ever lasts longer than three years.

The symptoms run their course in the sphere of motility; sensibility and psyche never suffer. We find especially affected bilaterally the nervus hypoglossus; the labial branches of the facial nerve, the nervus vagus, the motory part of the trigeminus, whose nuclei lie altogether in the medulla oblongata near the raphe. The character of the muscular affection is a progressive primary atrophy. The muscles are relaxed, contractions may appear (the claw-hand), but they are not essential.

Pathologically, Leyden found, in five cases: 1. The atrophic muscles offer the picture of simple, not uniform, atrophy. The intramuscular nerve-rootlets are atrophied to a high degree. 2. The cerebral and anterior spinal nerves attacked are either sclerosed or fatty degenerated. 3. In the spinal cord we meet either extensive disease of the whole anterior white and gray substances. The greatest intensity of the process is found in the upper thoracic part, continues, according to the route of the pyramidal courses, into the medulla oblongata, and through it into the pons. The decided atrophy of the large cells of the anterior cornua is remarkable, and the atrophy of Stilling's nerve-nuclei in the medulla oblongata corresponds to it. The nature of the degeneration, when well developed, is undoubtedly sclerosis; whereas the less extensive forms are more like Turk's descending degeneration.

These results differ from those of Charcot and others, who in paralysis glosso-laryngis, did not observe degeneration of the white columns, but only atrophy of the gray substance, and the difference is still greater if we study the picture of the disease, which Charcot considers as symmetrical amyotrophic sclerosis of the lateral columns. Although we meet here, as well as in typical bulbar paralysis, a degeneration of the pyramidal courses, they differ essentially inasmuch as in lateral sclerosis the muscular atrophy is deuteropathic, consequent to the paralysis, and the paralysis is combined with rigidity, muscular spasms, and contractions.

We are, therefore, justified in saying that degeneration of the lateral columns need not necessarily lead to rigidity and contractions.—S. L.

CEREBRAL DISEASES, BY DR. CHRASTINA (*Wien. Med. Wochenschrift*, 48, 1878).—In relation to cerebral hæmorrhages, he says, that they may appear at any age, even in children. Its manifestations differ according to the quantity of the extravasated blood, and to the location of the hæmorrhage; sudden death or loss of consciousness, followed by paralysis, etc. A slight hæmorrhage is hardly ever followed by disturbances of motility. We meet extravasation of blood most frequently at the corpora striata, thalamus opticus, and centrum semiovale. In extravasation into the fossa Sylvii, with destruction of the insula cerebri, aphasia, and paralysis of the opposite side follows, according to Meynert, although Trousseau and Charcot consider the aphasia caused by the destruction of the second and third convolution. The discharges into the fossa Sylvii are mostly on the left side, probably because the left common carotid arises immediately from the arcus aortæ, but the right one from the truncus anonymus, the former is, therefore, exposed to stronger blood-pressure. During senility cerebral hæmorrhages are more frequent on account of the decreasing elasticity in the walls of the bloodvessels; and increasing rigidity and friability of the arteries; at the same time the brain becomes atrophied, and the bloodvessels, bereft of their surrounding support, offer less resistance to the blood pressure. For the same reasons we also find, in old people, sometimes rupture of the cutaneous capillaries. Hæmatomata of the dura mater and pachymeningitis chronica also cause extravasation of blood. Such patients are not in immediate danger of death; they are rather of a quiet disposition, reply only in short sentences, are unable to work, complain of pressure in the head, and heaviness of the left side, and only after repeated discharges into the dura they succumb to cerebral paralysis.

There are other morbid states in the brain, which may cause paralysis,—neoplasmata, or sarcoma, glioma, tubercles, and embolism of the bloodvessels. In order to find out the cause of the paralysis, Chrastina gives us a résumé on the latest studies in relation to the physiology and pathology of the brain. The cortex of the cerebrum is the organ of consciousness, of ideality, of voluntary movements, and of perceptions by the senses; as long as in children the hemispheres have not developed, they are in the period of spinal life; with the growth of the cortical substance, the expression of physical life begins. Recent physiologists affirm that there are certain points in the cortex of the hemispheres for sensory clusters, and with their destruction the respective sensory function ceases. Goltz proved that animals turn blind after destroying a certain point in the occipital lobe, and deaf by destroying the posterior part of the temporal lobe. Later experimenters, as Hitzig, Ferrier, Nothnagel, Charcot, and others, even affirmed that there were also *motor centres*, and Obersteiner confirmed it, when he says, that a group of muscles is the more largely represented in the cortex of the cerebrum, the more its functions stand under the influence of the will. Where the cerebral lesion is only superficial, no motory disturbance follows, but it will take place where the lesion penetrates through the whole thickness of the convolution.—S. L.

NEPHRITIS GRAVIDARUM, BY DR. HOFMEIR (*Zeitschrift f. Pract. Med.*, 48, 1878).—Nephritis is a frequent complication of pregnancy. We must differentiate the acute forms, which only appear towards the end of gravidity, and disappear after the birth of the child, from those chronic cases, setting in subacutely at an early date of pregnancy, and running their course insidiously up to confinement; the prognosis of these chronic forms is the more unfavorable, the more the destruction of the renal parenchyma has progressed. In fact, the prognosis for mother and child are so unfavorable, that we are justified in procuring artificial abortion whenever nephritis is early enough diagnosed during pregnancy.—S. L.

TONIC AND ATONIC PARALYSIS, BY PROF. LEYDEN (*Ber. Klinische Wochensch.*, 49, 1878).—In every case of paralysis, be it spinal, cerebral or reflex, the paralyzed muscles have either lost their tone, are relaxed, can be moved in every direction, and the position of the limbs depends only on the law of gravitation; *relaxed or atonic paralysis*; or, the paralyzed muscles keep up or even increase their normal tone, with a tendency to contract, to shorten, to show great resistance to their extension; *tonic or spastic paralysis*.

Atonic paralysis is observed, 1. In extensive atrophy of the sensory fibres (posterior columns and roots) in ataxy, loc. prog. The state of the muscles in tabes dorsalis is relaxed, atonic, though exceptionally we may meet sometimes a tonic state. 2. Morbid states of the gray substance interrupt the connection of the posterior and anterior roots by atrophy of the ganglia-cells, without interfering with sensibility. Atrophia palsies, emanating from an extensive atrophy of the gray substance, are therefore always atonic; slight diseased states of the gray substance, especially of the interstitial tissue, are often combined with an atonic state of the muscles. 3. In cases where the excitability of the medulla spinalis, especially of the gray substance, is greatly diminished, we also meet atonic palsy; this happens in the beginning of acute myelitis, and especially traumatic affections of the spinal cord. There is an inhibition in the function of those parts of the cord situated below the lesion, so that reflex action is greatly diminished, or entirely destroyed, and equally so the tonus of the muscles. We find such a state in the last stage of grave spinal affections, where the vitality of the muscles below the lesion is extinguished; usually with general collapse, atonic palsy exists now, though at a former stage, tonic palsy might have prevailed.

Spastic paralysis arises, 1. From increased irritability of the motory fibre; neuritic peripheral palsy. 2. From increased irritability of the sensory roots; neuritic or meningeal processes. 3. From partial or total interruption of the conduct of the will from the brain, simultaneously with preserved or even increased transposition of the reflexes through the gray substance. We find this to be the case in cerebral hemiplectic states, but even here we meet at first atonic palsy; only when the patient has somewhat recuperated the tonus returns, and reflex irritability sets in, or even increases, especially at the time when in the paralyzed extremities, neuritic and often very painful processes develop themselves, muscular spasms and contractions will be observed. The part played here by degeneration of the lateral columns, is not yet decided. Similar relations take place in myelitic foci, which interrupt the conduct of will-power from the brain, but leave intact the reflex-conduction through the

gray substance (leuco-myelitis). Only in the protracted second stage of acute processes, the lower section of the cord recovers itself so far that spasms and contractures are observed ; in chronic processes they develop slowly and gradually.—S. L.

IMPURE SUGAR OF MILK (*Allgemeine Hom. Zeit.*, No. 14).—Dr. Sorge, of Berlin, has for some time been investigating the character of the sugar of milk, sold to the homœopathic profession as absolutely pure, and found it to contain foreign substances.

Dr. Sorge purchased some sugar of milk at one of the leading pharmacies, and then invited the physicians to meet him for the purpose of making an analysis in their presence. Doctors Burkhard and Graetz, of Berlin, and Dr. Trager, of Potsdam, were present. After satisfying as to the purity of the reagents to be employed, the analysis was made by the committee with the following results :

A solution of 5.0 grams of the suspected sugar to 10.0 grams of distilled water was made and filtered. After the liquid had all passed through the filter, a very dirty gray-colored substance remained on the filter. This was divided into two parts, one of which was tested with nitrate of silver, the other with oxalate of ammonia, and both showed slight cloudiness. Another solution was made containing 2.0 grams of sugar to 10.0 grams of distilled water, to which five drops of nitric acid was added, this was divided into two equal parts and tested for iron. The first test was made with the sulphocyanide of iron, which gave the liquid a strong brown color. The other test was made with the ferrocyanide of potassa (flav.), which produced an intense blue reaction.

Dr. Sorge closes his report by stating that he made several careful analyses of sugar of milk procured from different apothecaries, and found traces of lime, chlorine, and iron in them ; even in sugar precipitated by alcohol, these impurities were seldom missed.

“Why should we only use sugar of milk for triturating purposes? I commenced analyzing samples of the best beet and cane sugars. The beet sugar is pure, except the bluing intentionally added. The India sugar is chemically pure, not a trace of copper, iron, sulphuric acid, lime, etc., could be found. The filter through which the solution was passed remained perfectly clean. There being no bluing material added to this sugar, I have concluded to use it instead of the sugar of milk. I have not observed that the cane sugar has a tendency to become moist and sticky.”—C. P. S.

[I have made some careful analyses of sugar of milk, obtained about a year ago from the pharmacy of Boericke & Tafel, and found it to be absolutely free from all the deleterious substances found by Dr. Sorge in the German sugar. Not being satisfied with my own analyses, I procured the services of Mr. William Cooper, son of our esteemed colleague, Dr. J. F. Cooper. Mr. Cooper has had several years' practical experience in analytical chemistry in the Western University, and is fully qualified. He made analyses of sugar furnished by me, and I herewith append his report. It speaks well for the enterprise and reliability of the firm from whom the sugar was procured.—C. P. SEIP, M.D.]

CHEMICAL EXAMINATION OF MILK SUGAR.—The sample tested was said to be refined milk sugar, imported for medical purposes by Boericke & Tafel, Homœopathic Pharmacutists, and supposed to be medicinally pure, which this analysis has shown to be true.

I took of the sample of milk sugar four grams (4 grms.), and calcined in a Berlin porcelain covered crucible: digested the ash fifteen minutes (15 min.) with dilute nitric acid (HNO_3 1.5), one part acid to five parts water: added one and one-half ounces water (H_2O): filtered through a quantitative paper filter, then heated to expel part of the acid.

I took of this solution a small quantity in a test-tube, added H_2S sulphuretted hydrogen water, until after heating and shaking, the fluid smelled distinctly of that reagent; this gave no precipitate and no coloration, which proved the absence of (Pb) lead.

To another portion, I added potassium ferrocyanide (K FeCy_6) for iron (Fe). This gave neither coloration or precipitate, and thus proved the absence of that metal.

To another portion was added ammonia water (NH_4) HO ; in this I detected no coloration, no precipitate, which proved the absence of Cu copper.

I tested another part of the original substance with silver nitrate (AgNO_3) for chlorine (Cl), and found no precipitate, which proved the absence of Cl.

To another portion of the fluid, after being concentrated to a small quantity by heating in a porcelain dish and allowing to cool, was added a few drops of PtCl_4 , platinum chloride, for K potassium; no precipitate formed. I then tried the flame test with a platinum wire; this gave no change of color to the flame, and thus proved the absence of the potassium compounds.

I took another portion of the original substance, added a few drops of dilute (H_2SO_4), sulphuric acid, to form (CaSO_4) calcium sulphate, and to precipitate other impurities, if there were any; boiled to expel the acid, and added three volumes of alcohol. If a precipitate had formed, it would have consisted of CaSO_4 ; no precipitate formed, and thus proved the absence of lime.

The sugar of milk examined is therefore quite pure.

W. COOPER,

Senior Class.

WESTERN UNIVERSITY,

PITTSBURGH, PA., February, 1879.

REPORT OF THE ALLOPATHIC YELLOW FEVER COMMISSION.—
First. We have not in a solitary instance found a case of yellow fever which we could justifiably consider as of *de novo* origin, or indigenous to its locality.

Second. In respect to most of the various towns we visited, and which were points of epidemic prevalence, the testimony showing importation was direct and convincing in its character.

Third. The transmission of yellow fever between points separated by any considerable distances, appeared to be wholly due to human intercourse. In some instances the poison was carried in the clothing of people going from infected districts into others. It was conveyed in such fomites, as cotton, bagging, or goods of the same description.

Fourth. The weight of the testimony is very pronounced against the further use of disinfectants. Physicians in infected towns, almost without exception, state they are useless agents to arrest the spread of yellow fever, while some affirm that the vapors are seriously prejudicial to the sick.

Fifth. Personal prophylaxis, by means of drugs or other therapeutic means, has proved a constant failure. A respectable number of physicians think the use of small doses of quinine of some use in prevention.

Sixth. Quarantine, established with such a degree of surveillance and rigor that absolute non-intercourse is the result, has effectually and without exception, protected its subjects from yellow fever.—*Exc.*

[We think these conclusions will not weigh against those presented by Dr. L. A. Falligant in his valuable paper in January. Allopaths have been reporting the above for years, and not one word of treatment. *Oratio redolet antiquitatem.*—ED.]

CHANGES OF COLOR.—The rapid changes of color exhibited by various animals, under certain circumstances, have long been a source of scientific interest to the physiologist, and of amusement to the ordinary spectator. The tree-frogs, certain lizards (as the chameleon), numerous species of fish, and the common squid, are all well-known examples. Among others specially noteworthy, is a long-tailed crab, the *Nika edulis*, found in the British Channel, upon which Professor Jourdain has lately published some notes.

The changes of color in this case are produced partly by external influence, and partly by the motions of the animal, taking place most rapidly at an elevated temperature. Thus, when exposed to direct or diffused sunlight, the animal is nearly transparent, but slightly brown in color, while in the dark it becomes red. If exposed again to the sunlight, or to that of a bright lamp, the red disappears, and generally the color by night is very different from that by day.

What is especially remarkable, if an eye be removed or destroyed, the animal becomes red, and remains so without further change, no matter what the exposure. Brought down to the temperature of freezing, decoloration also takes place, and the red reappears only when the water becomes warm. The phenomena seem to indicate that the changes in color are effected through the visual organ.—*Exc.*

DR. SHAKESPEARE thinks the reason that the cicatricial tissue of incised strictures of the urethra does not contract, as it does elsewhere, is because it contains considerable yellow elastic tissue, not found in cicatricial tissue of the skin.—*Exc.*

DEATH FROM CHLOROFORM.—This need never occur, according to the doctrine of Syme, Lister and Hughes, if this simple rule be observed: "Never mind the pulse, never mind the heart, leave the pupil to itself. Keep your eye on the breathing, and if it becomes embarrassed to a grave extent, take an artery-forceps and pull the tongue well out." Syme never lost a case from chloroform, although he gave it five thousand times; this simple rule enabled him (so he thought), to make this excellent record.—*Exc.*

PROSCRIPTION AND INTOLERANCE.—There are just as great men among those who believe little or nothing, as among the orthodox, who can swallow the thirty-nine articles and hunger for more. There are scientists who take delight in presenting the facts of science in such a way as to excite the antagonism and stir up the prejudices of the religious world. Not only has this course of action no essential relation to science, but it is gratuitously discourteous and offensive to many worthy people, and detrimental to the progress of the truth.—*Exc.*

ADULTERATION.—Even the bees themselves may be made the

agents of honey adulteration. A resident of Flatbush has discovered that glucose, the very substance alleged to be employed by sugar refiners in their industries, may be fed to bees, and thus used to adulterate the honey in the comb, before industrious man has a chance at it. The busy bee is said to be quite partial to glucose, although it can scarcely be the appropriate article for his sustenance,—a case of depraved instinct, reminding one of the cows, which are said to refuse to eat hay, grain, etc., when once they have created a taste for distillery swill.—*Exc.*

DR. HEITZMAN thinks we can determine the vitality of a person by examining his blood-corpuscles. When the white blood-corpuscles contain an abundance of granules, it is evidence of a first-class constitution. If only fine granules are seen, and the entire corpuscle is pale, the constitution is not good.

The number of white corpuscles are considerably increased after a single sleepless night. Contrary to eminent authorities, the doctor believes hyaline casts indicate serious renal disease.—*Exc.*

CREMATION.—Dr. G. W. Rachel, of New York, thinks that proper cremation is entirely destructive of ammonia, and, as this is mainly supplied to the atmosphere by decomposition, by cremating our bodies and conducting our sewage into the sea, we are depriving the vegetable kingdom of ammonia, and may have, in future ages, an ammonia famine. He says, the most rational way would be to cover up all dead bodies of men and animals alike with quick lime, and thus preserve their ammonia compounds for future circulation, by using them as fertilizers.—*Exc.*

THE CELEBRATED GERMAN anatomist, Langenbeck, declares that pulmonary diseases have very little to do with intemperance, much less with cold weather, but are almost exclusively (with the exception of inherited tendencies), produced by the breathing of foul air.—*Exc.*

OPINION is the mean between knowledge and ignorance.—PLATO.

IF we could accurately estimate all that we owe to predecessors and contemporaries, there would be but a small balance in favor of ourselves.—GOETHE.

ELECTRIZATION OF THE SPINE (*Butler's Electro-Therapeutics*), is used, or rather abused, for every possible form of nervous disease, whether it is indicated or not. It is a "*dernier ressort*" for the old school to fall back upon whenever they don't know exactly what to do for a case. "Try electricity along the spine," they say. Well, how do they try it? An old second-hand magnetic machine is often borrowed, and the handle turned by a cook, bottle-washer, or stable-boy, and the electrodes manipulated by a well-meaning daughter or son of the patient. Up and down, the spine is rubbed with the sponges, or worse still, with the naked metallic electrodes. At one moment the patient feels no current, at the next he screams with the pain. The person applying it is frightened; the young man at the "wheel" is scared. The patient feels much worse, but *electricity has been tried*, and has failed.

The treatment was too severe. The shock produced by it on the nervous system was too great, and so poor electricity gets blamed for the ignorance of the doctor, and the shortcomings of the nurses.—*Exc.*

C. S. HOAG, M.D., who graduated at the Hahnemann Medical College, of Philadelphia, 1877, and who has since served a year as

intern at the Ward's Island Homœopathic Hospital, New York, has located at Waterbury, Vt. The doctor was an excellent student, and we wish him the success he deserves.—Ed.

ARTIFICIAL EYES.—Between 8000 and 10,000 eyes are sold in the United States. A manufacturer gives one in 125 as the proportion of one-eyed people. Computing the population at 42,000,000, this gives 336,000 persons with only one eye. Therefore 20,000 persons get an artificial eye, and 226,000 go without. Paterson, N. J., has more one-eyed people than any other place in America. Pittsburgh comes next. The color most in demand is the "Irish blue," a peculiar light azure, that predominates in Ireland. The cost of an artificial eye is from ten to fifteen dollars.—*Ext.*

STATURE OF MAN.—The tallest man ever yet seen was a Finlander, who measured 2.88 meters; the shortest, a dwarf, measuring only .43 meter. Patagonians have the highest medium height, 1.78 meters, while the Bushmen of Eastern Africa have the shortest, 1.35 meters. The average of the whole world of men measured is 1.65 meters.—*Ext.*

PROF. R. LUDLAM, of Chicago, has been reappointed to the Illinois State Board of Health.—*Exc.*

DR. D. R. LUYTIES, of St. Louis, Mo., a prominent physician and most excellent man, died in the month of January.—*Exc.*

DR. FOUNTAIN JONES, of Waco, Texas, a pioneer of our practice in the South, died in December, 1878.—*Exc.*

MARRIAGE.—Frank W. Adriance, M.D., of the Hahnemann Medical College, of Philadelphia, class of '77, one of the best students of his date, was married to Miss Libbie Beach, daughter of the late George C. Beach, Esq., on January 8th, 1879, at Watkins, N. Y. There was an elegant collation, a very fine display of costly and beautiful wedding presents; and hearty congratulations were tendered by numerous friends to the young people. Dr. Adriance is mentioned by the daily press, as "one of our rising young physicians," so he has been making a reputation and getting himself a wife, while we thought he was studying in Paris or Vienna.—Ed.

MARRIAGE.—There was a merry company at the house of one of the leading citizens of Sharpsburg, Pa., New Year's Eve, the occasion being the marriage of one of Eve's fair daughters, Miss M. Emma Lewis, to S. W. S. Dinsmore, M.D., both residents of the place. We wish them a long and happy life.—Ed.

MEDICAL OBSERVATIONS ABROAD.—Dr. C. H. Vilas, of Chicago, has an interesting address of his experiences over the water, in the January number of the *United States Medical Investigator*.—Ed.

DR. J. H. MCCLELLAND, Lecturer on Clinical Surgery in the Boston University School of Medicine, has completed his course and returned home.—Ed.

HOMŒOPATHY VINDICATED IN COURT.—President Judge A. W. Acheson, of Washington and Beaver counties, well known in the State of Pennsylvania for his legal acumen and just decisions, holding court in Beaver, Beaver County, about 1874, had a homœopathic physician before the court as a witness. One of the counsel connected with the case said to the witness: "You practice homœopathy, or some other humbug, do you not?" Judge Acheson immediately rapped upon his desk and said: "I call you to order, sir; the practice of homœopathy is too well established to permit of any slur being cast upon it at this late date; among its practitioners are

men of learning and ability, and its patrons embrace some of the most intelligent and influential citizens of the country. The homœopathic colleges are recognized by law, and I will not permit any one in this court to use offensive remarks in regard to any of its practitioners; they are entitled to the same courtesy and consideration as practitioners of any other system of medicine; I am here to protect witnesses and to administer the law, and I mean to exert my privileges to the uttermost."—*Com.*

DR. J. B. BIDDLE, Professor of Materia Medica in the Jefferson Medical College, Philadelphia, and author of a standard work on Materia Medica, died on the 19th of December, at his home in Philadelphia.—*Ed.*

NEW YORK OPHTHALMIC HOSPITAL.—Report of the month ending January 31st, 1879:

Patients resident in hospital,	. . . . .	45
Average daily attendance,	. . . . .	133
Largest " " " " " "	. . . . .	206
Number of new patients,	. . . . .	443
Number of prescriptions issued,	. . . . .	3450

J. H. BUFFUM, M.D.,

Resident Surgeon.

SAM HILL reports, that a gentleman writing to a friend, says: "I moved from Boston to New Orleans to escape my asthma, but another spell of miasma has attacked me here."—*Com.*

THE same thinks Job must have had "a vein of rich humor" in him, he had so many boils.—*Com.*

COLDS will now be formally received, Hail to the Handker-Chief!—*Com.*

THE BOSTON SUNDAY GLOBE says, "In an interview with the Dean of Boston University, we learn that the course of surgical lectures by Prof. J. H. McClelland, of Pittsburgh, is one of the finest courses ever delivered here, and seems to be giving entire satisfaction, not only to students, but also to the many physicians who are attending them."—*Ext.*

FROSTBITE.—Dr. C. P. Seip, of Pittsburgh, recommends very highly the use of powdered bicarbonate of sodium in the early stages of this affection. He sprinkles it directly upon the part, and covers with cotton or a bandage. The pain is immediately relieved, and improvement follows rapidly. In a later stage, its value is not so apparent, but it may prove useful in a less concentrated form, say an ounce to a pint of water. We believe this the first observation made in medical literature of the use of this remedy in frostbite, and the doctor is entitled to "first honors."—*Ed.*

HOMEOPATHIC HOSPITAL COLLEGE, CLEVELAND, OHIO.

CINCINNATI, OHIO, February, 1879.

EDITOR HAHNEMANNIAN: In your January number, you state that the Cleveland Hospital College "is too busy to send you any news." As I am a member of that college faculty, having finished my brief course of lectures on "Special Surgery and Mental Diseases," I find time to send you a short statement of its affairs; and I do so more particularly for the reason that our friends in Cleveland have recently done something that interests all of us.

First, they have built a hospital, that in point of beauty, ventilation, heating, etc., compares favorably with any hospital in this country. I think it is the handsomest building in the city.

Secondly, they have had a joint "Loan Exhibition" with the old school, for the benefit of the hospitals of both colleges; and, so far as I know, this is the first instance where the two pathies have joined and worked harmoniously together.

The Cleveland College was organized one year later than the Hahnemann of Philadelphia, and had been in operation but a few years when I became connected with it. I established a small hospital in connection with the college, and I believe it was the first homœopathic hospital in this country.

In my first year, a mob, driven on by certain members of the old-school faculty, tore down the college building, a feed store over which we had rooms, and all that was left of the college was a debt of about \$8000, a part of a skeleton and a manikin. At that time there were but three or four physicians of our practice in the city; now there are about sixty; there is a fine college building with abundant means of instruction; a hospital; a large class of students, and the practice is so popular that allopathic physicians and their patrons are anxious to unite with us, to aid them in obtaining money for any charitable enterprise.

All this is good news for your readers, for they, like one family, should be pleased to hear of the growth and prosperity of our school everywhere.

I was delighted with the wondrous change. A little more than a quarter of a century had elapsed since I went to Cleveland and became connected with its institution. Then the patrons of our school could be counted upon one's fingers, and there were hardly physicians enough in the State to make a college faculty.

Philadelphia had few students, Cleveland less; we were a poor, weak and despised sect; the world thought us partially demented, an unfortunate number of half lunatics. Now our practice in that city is the dominant one; those that despised us, now court our favor. I would like to have led my respected friend, Dr. Paine, of New York State, over the ground, and let him see the growth of homœopathy; I believe it would have stiffened his weak backbone, and put strength in his trembling knees.

Faternally,

S. R. BECKWITH, M.D.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.—The Winter session was lengthened to five and a half months, and more lectures were delivered in the course than ever before. There will be about fifty students in the graduating class, nearly all of whom have attended three courses of lectures in this college. The commencement exercises will take place the evening of March 12th. It has been decided to have a "Spring Course of Lectures," to commence March 16th and continue eight weeks. Members of the faculty and others will lecture upon collateral branches of medicine to those of the Winter Term. Seventy students have signified their intention of attending. No extra charge will be made at present, and we expect to continue them every season.—J. W. D.

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL, CHICAGO.—There are twenty-three students from the Eastern States attending the college this year. The Spring Term will commence March 6th, 1879, and the prospects are that the class will exceed in numbers that of last year. Prof. R. Ludlam will give his sixth private course of lectures on "The Medical and Surgical Diseases of Women" in April. These lectures are free to the students of this

college. The Ladies' Aid Society of Hahnemann Hospital, Chicago, has raised \$1200 for the support of free beds in that institution.—T. S. H.

THE CHICAGO HOMŒOPATHIC COLLEGE.—We should like to have our college confrères scan our mid-term examination papers; we think they would indorse our work. Our students are enthusiastic and ambitious, and we intend to have our graduating class compare favorably with the best. The Commencement will be held early in March.—J. S. M.

PULTE MEDICAL COLLEGE.—The Alumni Association of the School held its anniversary on the evening of February 25th. Prof. C. E. Walton delivered an excellent address. The commencement exercises took place Feb. 26th, and Dr. Geo. E. Blackburn gave the valedictory address for the class.—*Ext.*

HOMŒOPATHIC DEPARTMENT, UNIVERSITY OF MICHIGAN.—Everything is quiet and affairs are moving very smoothly. It is stated that Dr. McLean at the time of the *rencontre* did not know Prof. Franklin, but does now, and has made the *amende honorable*. Probable and possible. The students are hard at work.—*Com.*

HOMŒOPATHIC DEPARTMENT, UNIVERSITY OF IOWA.—Students are reviewing and worrying over examination, and telling how such a one was caught on a catch question last year.—*Com.*

THE MISSOURI HOMŒOPATHIC MEDICAL COLLEGE.—Getting ready for the final ordeal. There is to be a Spring Course of Lectures, beginning March 5th, and ending June 1st; fees, \$15. The clinics will continue and the lectures will be valuable.—*Exc.*

THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—The class is busy with reviews and quizzes getting ready for examination. A notable feature of the course has been the large number of obstetrical cases attended by members of the graduating class. Some have had three or four. The Hahnemann Institute is to have a grand banquet at the close of the term instead of the usual public exercises. Prof. Pemberton Dudley gives the valedictory. The Spring Course will open the 15th of March, and from present indications will be largely attended. The Commencement will be held in the Academy of Music, March 10th, 1879.—A. R. T.

THE BOSTON UNIVERSITY SCHOOL OF MEDICINE.—This institution is meeting with every encouragement in the effort to raise the standard of medical education. A well-qualified faculty, a fine class of students, and excellent facilities, are the elements that make up a thorough medical school. The lengthening of the term of lectures met with some opposition from a few of the advanced scholars, but the matter has been satisfactorily arranged, and a perfect understanding now exists between faculty and students. In a little notice which appeared in the HAHNEMANNIAN last month, reference was made to various changes that had been made from time to time. As an erroneous impression has been created thereby, we would say, having received more light on the subject, that the changes referred to are all in the direction originally laid out, in extending and improving the course of study, to which no one should object. We wish the school every success, and feel sure a glorious future is before it.—ED.

ERRATA.—In February number, on first page of Original Department, for "Parteur," read "Pasteur." Some titles on cover, in Gleanings, of articles crowded out. In errata, for "outside," read "outsider." For "G. C. Gilbert" read "C. B. Gilbert."

THE
HAHNEMANNIAN MONTHLY.

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New Series }

Philadelphia, April, 1879.

No. 4.

Original Department.

AN OPEN LETTER TO PROFESSOR CONRAD WESSELHÆFT.

MY DEAR DOCTOR: I have read with deep interest the abstract of your "Microscopic Examination of Triturated Metallic and Other Hard Substances," which appears in the March number of *New Remedies*.

The *New Remedies* is called, on its title-page, a "Trade Journal," and rightly, for it has displayed a "trade" enterprise in speedily presenting your conclusions to those to whom they will be the most welcome.

It is the privilege of every hen having laid an egg to make a noise about it, and you also have exercised the hen-function. But does the fact that you cackled in German exonerate you, from having broken faith with the American Institute of Homœopathy, by publishing elsewhere than in its Transactions, a research submitted to and accepted by it *for publication?* The fact that you have broken faith to announce the advent of your egg is proof that you are proud of the egg.

Now there be at least two kinds of all eggs, and of that which duly bringeth forth, the mother hen may be justly proud.

But there be eggs which from all eternity were destined to addle; eggs which make an honest hen lose confidence in herself; eggs lacking the all-essential preliminary to truthful, honest, veritable egg-ship; eggs in which all vital heat of mother hen, or of egg-deceiving incubator can be, *is* productive of, only gas and stink supernal. Verily, my friend, not a hen alone can produce an egg—the utmost hen-endeavor,

culminating always in an *eidolon*; shapely, to be sure, double-yolked, mayhap, but always and only an *eidolon*. Capable, nevertheless, of deceiving; capable also of rotting—of ripening, never!

Much conjecture has your egg already caused me. It is shapely; double-yolked, peradventure; capable of deceiving, *perhaps*; and, alas, may be, destined to addle. How shall one tell? Of one thing only am I certain, namely: a well-to-do "Trade Journal" has taken it off your hands for all that an honest egg purports to be, and though it should addle on the morrow the said well-to-do T. J. will never admit it. The idea that a respectable "Trade Journal" can't tell an egg from a Sebastopol stink-pot—preposterous!

To drop a figure which haunted my fancy, let us come down to facts and see if my metaphor is out of place, too far-fetched, inapplicable in fact, to the matter under notice.

Beyond all doubt the solemnest duty devolving upon every thinking man is, to question his beliefs. Certainly no dictum in science is too sacred to be questioned. The only essential is that he who will question shall be duly qualified so to do. The alternative is either qualify thyself to question, or accept the dictum on the authority of the qualified who utters it.

When an unqualified assails a dictum which has had general acceptance he only unsettles the belief of thousands who will not make the preparation necessary to judge both the affirmative and the negative. An unqualified assailant simply puts upon the world's market an *eidolon* for an egg, and it is only when it is bought for incubating that the fraud is discovered.

I am back to the metaphor again, and the figure is applicable as sure as eggs are eggs. I have also plainly intimated the line of my objections to your "microscopical examinations" and the conclusions deduced therefrom.

Now I am not aware that ever a hen laid an addle-doomed egg with *malice prepense*; such an egg being solely and simply the natural outcome of the omission of an all-essential preliminary. I cheerfully award to you as broad a charity as I give to the hen. The feathered biped *meant well*; I assume as much of the other.

You, I believe, have a good intent—for it is grand, if only in endeavor, to emancipate men from bondage to an untruth—you, I also believe, omitted an all-essential preliminary, namely: The acquiring of the indispensable skill in microscopical manipulation.

Such conclusions as you have put on record have very far-

reaching results. They impugn a literature which is older than you; they discredit physicians who are abler than you; they contradict microscopists who are more expert than you. Every proving made with "metallic or other hard substances" above the third centesimal trituration is impugned: your conclusion being "that no particles of the original substance could be present in any trituration above the third centesimal." Every case reported that was treated with "any trituration above the third centesimal" is discredited. This really means that, up to date, no homœopathic physician who prescribed "any trituration above the third centesimal" was competent to apply the "physiological test." Verily, my dear doctor, "experience is fallacious, and judgment difficult."

Now let me ask, by what right did you make such a sweeping condemnation? Had you made yourself competent for the microscopical research from which your conclusions are deduced? Had you mastered the subtleties of that most delusive of instruments? Had you duly qualified yourself to arraign the clinical testimony of nearly a century; to unsettle the belief of thousands; to throw doubts upon the ablest of your predecessors and of your contemporaries; to dishonor a school which, with the very triturations that you pronounce nugatory, has outdone the ablest endeavors of a far older system of therapeutics?

These be plain questions; questions which should have been *settled* by you before you rushed into print with the unqualified conclusions which force me to ask you these very questions now.

To be frank, doctor (and the subject demands unequivocal plainness), I am impelled to doubt your having settled these questions, and to challenge your competency for such a "microscopic examination."

Let me declare my reasons for such a seeming discourtesy:

1. At Put-in-Bay, in June last, you saw a competent microscopist—never have I seen his superior—arranging an objective so as to obtain its best definition. He was making the screw-collar adjustment for the thickness of the cover.

"What do you 'focus' for *down there*?" was your inquiry. You little knew how completely your "green" question defined your *status* as a practical microscopist. My friend at once classified you among the microscopical *gobe-mouches*, and, doctor, any microscopist would do the same. You had shown yourself as one unacquainted with the handling of a first-class objective!

A little subsequent inquiry elicited the fact that you had done your "microscopical examination" with a half-inch objective. Couple this with the other fact that you are unacquainted with the purpose of a screw-collar, and the logical inference is that you used a half-inch lens which does not adjust for the cover. Such a lens, as the means for obtaining the results on which you have based your conclusions, subjects your work to the suspicion of every practical microscopist.

2. "The use of the microscope in these investigations requires no modification from the usual method." This assertion of yours will be questioned at once by every one who has investigated our metallic triturations with suitable apparatus for obtaining the best illumination by reflected light.

The "suitable apparatus" is such an illuminator as makes the lens its own condenser. Such an illuminator does its best work with an immersion-objective. A half-inch objective cannot be worked *à immersion*. Therefore we reach two conclusions: First, the *proper* "use of the microscope in these investigations" *does require* "modification from the usual methods;" and, secondly, that you did not avail yourself of the "modification" necessary for the best "use of the microscope in these investigations."

3. "High powers are not at all necessary, as a *magnifying power of 100 diameters is already sufficient to recognize the smallest particles which may be produced by trituration*. High powers, however, are necessary for making measurements, or to obtain proof of the identity of a substance."

This is one of your sweeping conclusions, and of it I wish to say, first, that you have not gone to the limit of visibility for a lens of 100 diameters. The smallest particle that you have seen is $\frac{1}{4000}$ mm. ($\frac{1}{16000}$ th of an inch) in size. Theoretically, a magnifying power of 100 diameters ought to make a particle of gold or mercury $\frac{1}{16000}$ th of an inch in size visible. Ehrenberg says, a particle of gold measuring $\frac{1}{125}$ th of an inch is visible to the naked eye in common daylight. Then any particle having in the field of your microscope an apparent diameter of $\frac{1}{125}$ th of an inch should be visible. If apparently $\frac{1}{125}$ th of an inch in size, when magnified 100 diameters, of course its actual size is $\frac{1}{12500}$ th. Such a particle, then, is the smallest that you could have seen with a power of 100 diameters. Suppose you had used a $\frac{1}{5}$ th objective with such an eye-piece as gave 250 diameters, then a particle actually $\frac{1}{2500}$ th of an inch in size should be visible in your field at an apparent size of $\frac{1}{125}$ th of an inch.

On Ehrenberg's *data*, we will regard such a degree of divisibility as visible, and, as you speak of "a power of 200 to 300," I presume that you employed such an amplification in your investigations. You should then have seen particles smaller than $\frac{1}{100000}$ th with a good lens, and proper illumination, if they were present.

You have, however, specified the manner of your working in this direction. "Fix certain particles, then draw them and fasten them in the memory, as one fixes a star-picture in the heavens, so as under every circumstance to be able to recognize them, especially after changing the objective. Then count accurately the particles constituting the marked group, and search most carefully the clear intervals for cloudy, uncertain places, to examine them again with high powers. In this way any doubtful places can be resolved, and mostly with a power of 200 to 300 diameters. It can certainly be accomplished with higher powers, from 600 to 1000 diameters, which in the preparations in question give a field perfectly clear and free between the gold particles, not even an uncertain spot remaining to raise a doubt as to the visible particles of the substance. This proves that no particles with dimensions smaller than those given were present."

Of your triturations and your "examination," it is not my purpose to say any more. Of triturations of *Aurum met. precip.*, prepared by Messrs. Boericke and Tafel, I have some testimony to offer.

Particles not visible at 75 diameters are seen with 125; particles not visible with 125, are seen at 550. Thus far 2700 diameters has revealed nothing not visible at 550; possibly because *the limit of divisibility by trituration* is within the ken of an amplification of 550 diameters; possibly also because *the optical qualities of the particle are changed at a certain degree of divisibility*. I incline to believe the latter postulate.

My preparations are not perishable, but permanent mountings ready for inspection always, and I can give ocular demonstration of the assertions here made. They are not filterings; all the trituration is melted on the slide and preserved from crystallization by the mounting medium, Deane's Gelatine.

One night, while examining a preparation of gold (5x) just mounted, I saw a "spark" which instantly disappeared, appeared again, disappeared, changing place in an ascending straight line the while; it finally remained a permanent, glittering "spark." The stage of the microscope was inclined, the mounting medium was still in a semi-fluid condition, and

my "spark" was a particle of gold turning over and over until it caught against something, and remained with its broad surface uppermost. When the thin edge presented, it was invisible with a good immersion lens of 900 diameters. Its broad surface reflected light enough to make it visible. Thus I owe to a happy accident a valuable hint about visibility and divisibility. The phenomenon of the turning over lasted long enough for it to be witnessed by my friend and assistant, Dr. George A. Taber.

Moreover, I find that the extremely minute pencil of light reflected from the smallest particles can easily be lost in the stronger glare of the illumination, however carefully that be managed, as stars disappear in the glare of day. With a certain illumination, I can fill the field with "sparks," and by a trifling deflection of the reflecting surface of the illuminator I can make thousands of them invisible in an instant, losing themselves in the flood of light.

4. "It has formerly been held that in high triturations, owing to the excessively fine state in which these bodies are present, they become completely soluble in alcohol or water. This theory must evidently be abandoned in view of the results above obtained. The author of the paper, who himself makes this announcement, further concludes that, *no particles of the original substance could be present in any trituration higher than the third centesimal*. Hence it is impossible to make 'dilutions' from such higher triturations."*

The italics are my own, put in from sheer admiration, after having seen gold in Boericke and Tafel's 9x trituration. Your limit, doctor, for the presence of "particles of the original substance" is 1 grain of gold in 1,000,000 of sugar of milk; mine, up to date, is one grain of gold in 1,000,000,000.

Thirteen years ago, doctor, I worked in this very field, and at the conclusion of my work then I felt, as I do now after resuming it, that not the microscope, nor the spectroscope, but the human body alone, in health, and in disease, can determine the potency question. If Platina in the 30th trituration *does* that which is done by Platina in the 3d, I know not how to escape the *ergo* that the *vis* in both is a like *quality*—the Platina-quality.

Now why may not a homœopathic therapist, as well as an old-school physiologist, apply the "physiological test" to determine the presence of a poison in quantity too minute for chemical tests? And why oblige the homœopathic therapist,

* New Remedies, March, 1879, p. 74.

when he has successfully applied the physiological test to demonstrate the condition of the "original substance" in the thing tested; why insist that he must show whether the "original substance" be in minute subdivision, or in solution? Why deny the existence of some of the "original substance," when, though the microscope test and the spectroscope test fail, the physiological test gives affirmative evidence? Is the marvellous human body clumsier than the microscope, less sensitive than the spectroscope?

A little calculation will show that both microscope and spectroscope are clumsy enough; that they fall far short of settling this question of the divisibility of matter. The accepted computation for the size of the atom is $\frac{1}{250000000}$ th of an inch. To make this atom visible would require a magnifying power of 222,222 diameters; an objective of $\frac{1}{4444}$ th of an inch focus. The optician's skill has rested at an objective of $\frac{1}{80}$ th of an inch: 218,222 diameters short of the mark. The objective with which you settled the limit of mechanical divisibility has a power compared to that necessary to discern the "grained structure" of matter, which is as 1 to 2222: quite a margin for possibilities in that 2221 difference. Moreover, doctor, you have spoken *ex cathedra*, while using a lens which falls short 3900 diameters of what human skill affords.

Your paper says that "the provocation to this investigation was a re-proving of *Carbo vegetabilis*." I turn at once to the eye symptoms of that remedy: Shade of the departed Hahnemann, what a corroboration of thine own proving:

"*He became short-sighted after exerting the eyes for some time!*" Allen's *Encyclopædia*, vol. 2, p. 569, symptom 199.

Let all who investigate this question beware of *Carbo veg.* and half-inch objectives.

Triturations of *Aurum met. præcip.* will be reported upon by the Bureau of Microscopy at the next session of the American Institute of Homœopathy.

S. A. JONES.

UNIVERSITY OF MICHIGAN.

THE MILWAUKEE TEST.

BY LEWIS SHERMAN, A.M., M.D.,
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Is there any medicinal power in the thirtieth attenuation? The word medicinal in this query is used in the comprehensive sense which includes what is implied in the words

poisonous and curative. More elaborately stated, the question would read like this: Is the thirtieth Hahnemannian attenuation of any drug capable of originating, aggravating, or curing any disease in any human being?

If it can be proven that any drug, properly adapted to any diseased condition or sensitive subject, can cause, aggravate or destroy any disease or symptom of disease in any individual, it is made probable that some other drug, similarly adapted to some other diseased condition or sensitive subject, may cause, aggravate, or destroy such a diseased condition in some other individual. The greater the number of instances of this kind of action which can be brought together, the stronger is the probability that the thirtieth attenuation of every drug has some pathogenetic or therapeutic power. If a sufficient number of isolated facts could be accumulated in favor of the doctrine, it might be made comparatively certain that every substance, poisonous or non-poisonous in its crude state, is poisonous in the thirtieth attenuation and is capable of aggravating and curing every medicinally curative disease to which it is adapted.

Between this grand generalization and the utter negation of there being any medicinal power in the thirtieth attenuation of any drug, there may be a great variety of opinions. One may hold that the supposed law applies only to drugs which are poisonous in massive doses, another that it applies only to individuals who are peculiarly sensitive to the action of the selected remedy; still another may hold that only certain peculiar forms of disease are amenable to the action of remedies in the thirtieth attenuation. As a matter of fact, these and various other opinions do prevail among the believers in the efficacy of the high attenuations.

Hahnemann, in the first years of his homœopathic practice, used only the ordinary preparations of medicinal substances in the ordinary doses prevalent in his day.

Later he conceived the idea that disease renders the patient so sensitive to the action of the homœopathically selected remedy, that a much smaller quantity is required to effect a cure than would be required to produce the poisonous effects of the same remedy on a healthy subject. (*Organon*, § 281.)

Still later, he conceived the idea that medicines are rendered more powerful by the process of attenuation. "If one drop of a tincture is mixed with ten drops of non-medicinal liquid, and, if *one drop* of this is administered its effect will not be ten times greater than that of one drop of a mixture ten times

in that town were possessed of devils. Several clergymen concurred in his opinion, whereupon the civil authorities murdered those unfortunate persons as well as those whom the victims chose to accuse of having bewitched them. Professor Brown-Séguard, the distinguished physiologist, stated not long ago in his Lowell lectures, that the claims of mesmerized persons being able to tell the time indicated by a watch placed at the back of the head are authentic. Crookes and Wallace have been duped by jugglers into the belief that the dead do exercise the powers of the living; Charcot, Burq, and Westphal, by so-called experiments on hysterical women, have hoodwinked themselves into the belief that contact with certain metals can drive away local anæsthesia. It is possible, therefore, that a Hahnemann, a Lippe, a Guernsey, and a Pearson have been deceived.

There is abundant proof that the sick have recovered, after having received the thirtieth dilutions of selected remedies, *and* the influences of hope, fear, joy, heat, cold, moisture, electricity, food, drink, unprescribed medicines, bathing, rest, exercise, sleep, etc.; but no proof that the thirtieth dilutions administered were the curative agents.

There are abundant instances of symptoms having been observed by provers who have taken the thirtieth dilutions of various drugs for the purpose of observing their effects, but no proof that these thirtieth dilutions produced those effects.

The experiment proposed by the Milwaukee Academy of Medicine, affords an opportunity for the adduction of just the kind of evidence which is needed to settle the mooted question. The failure to prove by all the reported "cures" and "provings," depends on the fact that the results obtained might have been produced by other causes than the administration of the "potencies." This source of error is eliminated in the proposed experiment. Neither atmospheric influences, air, food, drink, the fear of punishment, the hope of reward, extraneous drugs, nor any other disturbing cause can enable the experimenter to select the medicated pellets.

It is to be sincerely hoped that this feature of the test will not deter believers from taking part in the experiment.

The test has been brought to the notice of several thousand homœopathic physicians; and personal letters have been written to several hundred professed believers in the efficacy of the high dilutions, requesting them to co-operate in the investigation. At the date of the present writing, the secretary

of the academy informs me that *twelve* men have undertaken the task of selecting the medicated pellets.

The test is admitted by all to be fair and honorable. No objection is made to its validity. A few believers in the high potencies have replied, in apology for declining to participate in the experiment, that there is no need of such a test, because *they* themselves are satisfied with the proofs (cures) already furnished.

In view of the importance of the question, and the fact that these so-called "proofs" do not satisfy the demands of scientific investigation, this apology will not excuse these men from undertaking the test. The sick who trust their welfare to these medicinal agents of questionable power, have equal rights with those who hold to the theory of potentization by attenuation, but they have not equal opportunity to test the efficacy of these agents. They have, therefore, the right to demand that those who use these preparations shall not decline to participate in an experiment, the completion of which can make the efficiency or inertness of these preparations unquestionable.

HOW CONDENSED MILK IS PREPARED; ITS USE AS AN ARTICLE OF DIET FOR INFANTS.

BY J. C. GUERNSEY, M.D.,
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(Read before the Homœopathic Medical Society of the County of Philadelphia.)

GENTLEMEN: In accordance with a vote passed at the January meeting of this Society, instructing me to ascertain the exact method pursued in preparing Canfield's Condensed Milk, I have the honor to report upon the subject, taking the opportunity at the same time to present my individual experience in using the same.

CANFIELD'S CONDENSED MILK.—The manufacturer of this brand has had an active experience in the preparation of condensed milk for a period extending over thirty years, during which time he has been associated with many different companies manufacturing condensed milk, serving in the various capacities of general manager, overseer, and president. His widespread experience has made him fully conversant with the different methods adopted and pursued by each company,

and has enabled him to glean many useful and practical hints by which to perfect his present enterprise.

I have used this particular brand with the most gratifying results, for nearly two years, both in my own family and largely in my practice, as an article of diet for infants and young children. Being fully aware of the prejudice existing against condensed milk in general, I nevertheless, while searching for an article of food for my baby that would uniformly agree, determined to prove for myself the article in question. After trying various brands and preparations with more or less success, I was at last happily led to the "Osprey Brand," prepared by Canfield. This, when properly diluted with water which has been *first filtered and then boiled*, and, when administered in observance of all the requisite concomitant precautions, has invariably, in repeated tests upon children, afforded me the most satisfactory results. A well-known nurse of high standing, while using this preparation under my direction, recently said to me: "Oh doctor, if I had only known of, and had been able to use, this for the last twenty years, how much infantile sickness I could have warded off, and how much comfort I could have afforded;" a sentiment which has been repeatedly reiterated to me by mothers and other nurses.

I hold that *by far the most reliable diet for infants and young children*, where the mother's milk fails, and where, as in cities and elsewhere, good, fresh, unadulterated cow's milk is a thing of vague uncertainty, *is properly prepared condensed milk*. And where the mother's milk only partially fails, this condensed milk should be used in alternation with the maternal fount to eke out to the full her scanty supply. Or if the mother's milk persistently disagrees with the child, or she be sick, or unhealthy, so as to warrant nursing inadvisable. "Mothers act as if they thought that milk was milk, let it come from what source it may. They seem utterly to ignore the chemical and vital changes that may be impressed upon their own milk by dissipation, late hours, dinner-parties, improper diet, excitement, moral emotions, and the high-pressure pace at which our city life goes on. Probably there are more unhealthy breasts of milk among our city ladies, than in any other class of society; and it is precisely in these cases that it is most difficult to find a suitable and digestible food for the pining infant, on account of the bad quality of our city milk." The cow, which may be looked upon as the typical nurse,

leads a life which could scarcely be exceeded for placidity and tranquillity.

That we may have a clear understanding of the whole method of preparing this condensed milk, we will begin with the care of the cow herself, and of the milk before it is brought to the factory.

"The large factory, situated in York, Pennsylvania, where the 'Osprey Brand,' the latest and most improved condensed milk, is manufactured," says the *United States Trade Journal*, March 30th, 1878, employs a staff of skilled hands. It is located in the midst of a very superior grazing country, where can be had in abundance the richest and purest milk. This milk is brought to the factory by the farmers every morning between seven and eight o'clock. Each of these farmers is required to observe certain rules for the care and treatment of his milk before offering it. The cows must be carefully fed, there being allowed no roots, no "rag-weed," no barley grains from distilleries, no swill-feed, and there must be no drinking from stagnant pools, or mud-holes. This latter precaution is to be observed, lest the cows should imbibe the germs so deleterious to health which hover about such localities. And the milk of cows swill-fed, or fed upon the refuse of distilleries, cannot be made into acceptable condensed milk, as such milk, when condensed, has a rank smell, and a very bitter taste. Good feed, such as corn, rye, and oats, will make heavier milk, with the difference of a pound to a gallon, as compared with brewers' refuse, barley-malt, etc. The milk of a cow during her "rutting period" is excluded, as it also is if she be sick, or if she be afflicted with "garget," an affection which it is thought may produce diphtheria in the human family.

The milk having been drawn at about five o'clock in the morning, is thoroughly strained through three different strainers into forty-quart cans. These cans are then set into cool springs or tubs of ice-water for the milk to become cooled down to 56° F. by actual test of the thermometer. The idea of this is to eliminate all animal heat from the milk, the neglect of which would produce an offensive and a sickening stench in the cans, and thus destroy the milk. In fact milk cannot be condensed to taste good and give satisfaction without observing this preliminary precaution. When sufficiently cooled, the cans are covered with air-tight lids and carried to the factory for inspection. As the process of decomposition sets in very rapidly in milk, it must be cooled and delivered inside of three hours after being taken from the cow. This

procedure furthermore effectually debars any opportunity for skimming the cream—from eight to twelve hours being necessary for this to rise. Upon delivery at the factory, come the three never neglected tests of requisite *coolness*, of *flavor*, and of *purity*. The thermometer proves the coolness, not more than one or two degrees of deviation at most from 56° F., being allowed in the transportation from the dairy. The flavor is tested by a professional taster; if it is at all tainted by garlic, muddy water, swill, or otherwise, it is rejected. The test for purity requires a word of explanation. For this there are glass test-tubes about eight inches in length by one inch in diameter, and each tube is numbered for each man's milk. (In difficult cases the lactometer is resorted to, in addition to all the other tests.) Milk is poured into these test-tubes and allowed to stand in a warm place for twenty-four hours, at the expiration of which time, the *quality* of the milk shows itself. Pure milk has formed a perfect "curdle," as it is called, showing on top the depth of cream; with a watery substance, the "whey," between the cream on top and the curdled milk below. If the milk has been artificially "watered" before delivery, this test reveals a deposit of water standing by itself in the bottom of the tube. Whereas in pure milk, this deposit of water will not be found until a much later period—after several days in fact.

The milk having been accepted is received into the factory through a strainer; this is really a double strain, as it passes through a kersey cloth, and then through the finest wire-cloth. While thus being strained, the milk falls into a tin-lined wooden vat, of about two thousand quarts capacity, which is suspended in mid air. When filled the faucet is turned on and the milk is discharged through an iron pipe into the "hot-well;" this is a copper vessel, of eight hundred quarts capacity, provided with a steam jacket, which extends a little more than half way up its sides. Here it is uniformly heated to a temperature of 175° F., during which time the milk is constantly stirred so that it cannot scorch or burn. Then the milk is drawn up by suction into the vacuum pan, which is on the floor above. Here the condensation occurs and by the aid of an air-pump, the milk being in active ebullition, notwithstanding considerable reduction of temperature by the transfer from the hot-well to the condensing pan, four-fifths of the whole volume are eliminated as watery matter. "This process is so harmless to the milk that under the microscope the organic structure of the globules is found to be uninjured. There

could hardly be a test severer than this." (G. A. Liebig, Ph. D.) In pure country milk there are 861 thousands of water. After the evaporation or *condensation* of milk, only sixty (60) thousands of water are left, together with all the nutritious elements of the milk purged of all its impurities; this much water is purposely left, in order that the constituents of the milk may mix readily. The vacuum apparatus consists of a sugar-house pan of four thousand quarts capacity, containing copper steam-coil, inclosed air-tight and provided with air-pumps moved by steam; in this arrangement five hundred quarts are evaporated per hour. A gauge tells how high the milk is in the vessel, and a thermometer indicates the temperature, which is not to run over 130° F. in preparing the liquid or plain condensed milk. When the gauge indicates sufficient condensation, a trial is made by a valve faucet, and a small portion drawn off into a thin vessel of tin; this is set in an ice-water bath and stirred, the eye determining the consistency. If all is right, the steam is shut off, the milk ran into forty-quart cans and set into a vat of ice-water. While thus cooling, the milk is carefully stirred so as to cause uniform cooling, and is reduced to a temperature of about 36° to 40°. The milk thus prepared one day, is shipped that evening, in the same forty-quart cans, to the points of consumption. Each quart of this plain condensed milk will admit the addition of four quarts of pure water, thus getting five quarts of milk from one quart, which brings it back to its native consistency and proportion of ordinary good country milk, such as that furnished by farmers who never feed swill.

Having in the morning hours prepared this plain or unsweetened condensed milk, the afternoon is devoted to the preparation of the sweetened or preserved milk, such as we see in the little tin cylindrical cases.

But before beginning on this, the whole apparatus must be thoroughly cleaned. The hot-well, the vacuum pan and all the implements are most scrupulously cleaned every day, between each batch of milk, with an abundance of pure cold running water and scrubbing brushes. No particles of the scum of the milk just finished are allowed to remain adhering to the sides of any of the apparatus to mix with the milk that is next to be prepared. The cloth strainers are also thoroughly washed with water, and the wire-cloth is scrubbed clean with brushes.

Sugared or Preserved Milk.—The same process is observed to a certain extent, with preserved, as with plain milk. It is

strained into the vat, thence passed into the hot-well, whence, after being uniformly heated to a temperature of 175° F., it passes to the vacuum pan, the same as in the former process; in the vacuum pan the milk is condensed to about one-half its volume. Then the proper portion, sufficient to melt and liquefy a certain quantity of pure white granulated sugar, which has been placed in the hot-well, is turned thereon, where it is still heated and stirred. The sugar and milk are carefully stirred together to a perfectly smooth syrup, until the sugar is thoroughly dissolved and no granulation left. Then it is returned into the vacuum pan and condensed to the requisite consistency, when it is drawn off into forty-quart cans. These cans also are set into cold water, and the contents of each can carefully and uniformly cooled by constant stirring, the same as in the plain milk. These cans are allowed to stand in the ice-water all night, and next day are removed to the packing and sealing-room. The milk is here distributed into small cylindrical tin cans, each can being carefully examined to make sure that it does not leak. These cans are then labelled and packed four dozen in a wooden case, each can holding a pound of milk.

With the plain, unsweetened condensed milk I have had favorable experience, but in a too limited degree to speak decisively regarding its merits, and the best method of its administration to infants. To its highly beneficial uses in the sickness of adults, such as phthisis, etc., I shall refer in a later paper. The sweetened milk, such as is commonly sold in little round tin cans, I have used a great deal, and it is of this I desire to speak now. My formulæ for using this milk are as follows:

Imprimis, always use filtered water if possible.

For very young infants, less than a month old, one teaspoonful of milk to 23 or 26 teaspoonfuls of water; from one to three or four months old, one teaspoonful of milk to 20 or 22 teaspoonfuls of water; from four or five months old and upward, one teaspoonful of milk to 17 or 20 teaspoonfuls of water.

After this age, a larger amount of the solution should be given, but in no greater strength. In all cases the condition of the child should be carefully noted, and pains taken to observe in what degree of strength the solution seems best to agree. Some infants thrive better on a stronger, others on a weaker solution. If the solution is too strong, it may be recognized by the child vomiting or passing the milk in the

stools in an undigested state, and by the failure of the *similimum* (usually *Athusa* in such symptoms) to cure the difficulty. On the other hand, if the child cries and worries, not seeming satisfied, seems to be hungry, make the solution a little stronger.

And now about the manner of preparing the solution; say that you are using the proportion of one to twenty, which, by the way, will be found to suit a great majority of cases, put twenty teaspoonfuls of water into a proper vessel and let it boil; then remove from the fire, and while still hot, take a fairly full teaspoonful of milk and stir it in, allowing the milk to become thoroughly melted from the spoon and dissolved in the water. Never let the milk boil in the water. The milk is to be dissolved into hot, filtered, boiled water. Forty or sixty teaspoonfuls of water and two or three of milk, enough for a good meal, according to the requirements of the child, may thus be prepared at once, carefully observing the proper proportions by actual measurement, and *not by guesswork*. It is better to freshly prepare the milk each time the child needs it, though a quantity sufficient to last four to six hours may be prepared ready for immediate warming whenever necessary, if kept in a cold place. When this is done, the milk should be stirred each time before given, so as to mix thoroughly into the milk the cream that will rise while thus standing.

And now the method of administration. Nursing-bottles fitted with black rubber nipples should be used. Owing to the impossibility of their being thoroughly cleaned, rubber tubes, no matter how short, should *never under any pretence whatever be allowed*; they lead to sore mouth, diarrhoea, vomiting, etc. Always after using, the black rubber nipples should be turned inside out, thoroughly cleansed in cold water, wiped perfectly dry, and then laid away in a cool, dark place, as a table or bureau drawer, till needed again. The common practice of leaving them in cold water till next required, is not a good one. Never use a nipple the shape of which prevents its being turned inside out. Some nipples, from their long conical tapering form, cannot be reversed. New nipples should be bought every two, or at most three weeks. The nursing-bottles on the other hand should be carefully scalded out, and then should stand filled with cold water until next used. If all these minute directions be rigidly observed, we may look for the happiest results.

The advantages of condensed milk are very many; a full enumeration of which would require too much extension of

this already lengthy paper. I will therefore mention only a few. One is expense; it is cheaper to use this milk than ordinary cow's milk. Another advantage may be deduced from the following: A New York paper recently stated, "Epidemic outbreaks of typhoid or enteric fevers have more than once been traced to a common supply of infected milk. In these cases, however, the injurious character of the milk has been attributed to its contamination from external sources, as by means of impure air or impure water containing the germs of the disease." But the intense heat to which the milk is subjected during the condensation, is sufficient to effectually destroy any disease germs or bacteria which may be in the milk; these may come from the cow herself, or they may have entered the milk in the barn-yard, one of their favorite lurking-places. Again, when using this milk, we are freed from the dreaded "change of baby's milk." When going away for the summer, or on a visit at any time, it is only necessary to pack a sufficient supply in a trunk and carry it along, or have it sent by express as needed. Many who have used this milk claim its superiority for infant's food over the purest uncondensed milk, because it is uniform in quality, will not turn sour, and is not liable to any partial change whatever. And lastly, I have never seen fairer and smoother-skinned babies and young children than those fed upon this very milk in the manner I have described.

In conclusion, I beg my professional brethren to give this matter a fair test, and from time to time to report their experience.

Many grave charges have been laid at the door of condensed milk; it has been said to cause cerebral irritation; to produce constipation; that it does not contain a sufficient amount of nutritive elements to sustain life in a healthy state; that it induces eczema capitis, or some other skin disease, etc., etc. I can, however, honestly assert that all the affections said to be caused by condensed milk, I have found existing in babes who derived their sole nourishment from apparently healthy mothers, in whose milk no imperfection could be detected.

In brief résumé the points to be observed are:

Use Canfield's Condensed Milk, "Osprey Brand." I am particular on this head, because in all my experience I have found this to yield by far the best results. I have faithfully tried the *Eagle Brand*, the *Swiss Condensed Milk*, and others; but none equal the brand I recommend.

Dilute the milk with filtered hot water that has been well boiled.

Prepare a fresh solution three or four times in the twenty-four hours.

Use black rubber nipples, turned inside out and properly cleansed and dried after each feeding.

Scald the nursing-bottles thoroughly, and keep filled with water when not in use.

A can of condensed milk after once being opened, should not stand in a refrigerator with meat, as the latter is very apt to injure the milk.

SURGICAL CLINIC OF PROF. CHAS. M. THOMAS.

HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA.

REPORTED BY CLARENCE BARTLETT, M.D.,
PHILADELPHIA, PA.

FRACTURE OF THE CLAVICLE.—Thomas G., aged 47 years, presents himself with what he calls a broken breast-bone. The accident happened yesterday, while he was climbing up through a narrow trap-door. While the right arm was raised high above his head, in the effort to pull himself through the narrow space, he felt a snap and pain in the upper part of his chest.

That he has a broken breast-bone, I very much doubt, inasmuch as fractures of the sternum are generally too serious in character to allow the patient to go about on the day following the accident.

As this man stands before us, bared to the waist, you will notice that there is a slight droop to the right shoulder, and a yellowish discoloration of the skin over the front and upper part of the shoulder; beyond this there is nothing abnormal to be made out by the eye.

* Now in deciding as to the nature of any trouble about the shoulder, you should have clearly in mind the various accidents likely to happen here; then, guided by your knowledge of the normal appearance and relations of the parts, and by careful comparison with the sound side, you can by a process of exclusion, in most cases, arrive without difficulty at a correct diagnosis. By directing our patient to make certain active motions with his right arm, we can with considerable accuracy determine whether the parts about the shoulder-joint are in their normal relation or not.

He first raises the arm away from the side till the elbow is at least on a level with the shoulder, and this he does without difficulty. He is then directed to keep his elbow close to the trunk, while the hand is passed over the front part of the chest and placed upon the sound shoulder. Inability to accomplish these motions is generally considered a pretty positive sign of the presence of humeral luxation. In our case, however, it is done without effort, as is also the placing of the forearm across the posterior surface of the trunk; another very difficult, if not impossible position in luxation. Now, as he sits, I stand behind him, grasp the shoulder with my left hand, the fingers thrust well up into the axilla, and by rotating his arm with my right hand, I distinctly make out with my left the motion of the humeral head in its socket. This then throws out the probability of either a fracture or luxation of the humerus.

A fracture through the neck of the scapula we need hardly consider, as it could not possibly be caused by any such pressure or force as was brought to bear on the shoulder in this case. Passing upward with our palpation, we feel the projection of the acromion process, and think immediately of those rare accidents, fracture of this process, and dislocation between it and the clavicle. I find, however, that on grasping the process between my fingers, I fail to elicit either abnormal motion or crepitus, and find also that the line of the clavicle is directly continuous with the acromial projection, showing no separation of the articulation.

Finally, in running the finger along the line of the clavicle, I notice near the outer end, as compared with the sound side, an unnatural projection. Suspecting a fracture, I grasp the bone on either side, and by making lateral pressure, establish the presence of both abnormal mobility and crepitus, which is sufficient to fix our diagnosis on fracture of the acromial end of the clavicle.

Fracture of this bone more usually takes place at the union of the outer and middle third, in which case the deformity is exceedingly well marked from the sinking of the outer fragment, and a drawing up of the inner, accompanied by a marked falling of the shoulder downward, forward and inward. In this case, however, there is but little general displacement of the parts, and but slight local signs of the fracture. You will readily understand the reason for this, if you call to mind the broad dense ligaments running between the coracoid process and outer end of the clavicle on either side of the line of frac-

ture, thus binding the ends so securely as to prevent marked displacement.

The *treatment* of clavicle fracture, so far as the function of the limb is concerned, is very satisfactory; a cure can seldom be accomplished without some local deformity. Of the numberless appliances which have been devised for these cases, the one which I shall show you here, known as the Sayre dressing, is among the most effective. In the case before us, inasmuch as there is but slight displacement, a satisfactory cure might be made by simply supporting the arm, and keeping the parts quiet. When, however, the ordinary deformity is present, the indications are to throw the shoulder, and with it of course the scapular fragment, upward, outward, and backward, and so hold it until union has taken place.

To apply the Sayre dressing, I cut two strips of adhesive plaster, each about three inches wide, and long enough to reach one and a half times around the chest. One is now looped loosely by stitching around the arm at about the junction of the middle and upper third. The arm is drawn back against the side, and the plaster, with its adhesive surface next the skin, passed entirely around the chest and fastened to itself at the back. The other strip is then started on the sound shoulder, passed obliquely down the back under the elbow of the affected side, and the forearm and hand being placed against the front of the chest with the fingers pointing toward the sound shoulder, the plaster is continued obliquely upward over the back of the forearm and hand, to end on the sound shoulder. Over this, if necessary, a few turns of the roller-bandage may be passed, somewhat in the form of a Velpeau dressing, which will give extra security to the plaster. This shall be worn by our patient for three to four weeks, then removed, and the arm carried in a sling for a week longer. It is well in warm weather, or when the patient perspires freely, to lay a piece of muslin between the arm and the chest to prevent chafing.

UNION OF SOFT PALATE AND TONSIL.—Helen Reg, aged 7 years, is brought us by her mother, who tells us that she has always had an impediment in her speech.

On examining the throat, I find the soft palate drawn over toward the right tonsil and posterior palatine arch. An attempt to draw it off with a probe, shows close attachment between the surfaces. How this peculiar condition has been produced it is difficult to say. It may have followed ulceration of the parts, in an attack of diphtheria for instance, but

as there is here no history of such, or any other throat inflammation, it is not improbable that it is congenital.

The treatment of such a case is very simple. Placing her under the influence of chloroform, I seize the uvula with toothed forceps, and dragging it off towards the left side, cut it away from its attachment with a pair of curved scissors. It shall now be watched for a few days, and any reunion broken up with a blunt probe or similar instrument. Besides this, no after-treatment will be required.

PALLIATION VERSUS HOMŒOPATHY.

BY RICHARD HUGHES, M.D.,
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IN the February number of the HAHNEMANNIAN MONTHLY, Dr. Winslow has done me the honor of noticing my letter to Dr. P. P. Wells, which appeared in the *North American Journal of Homœopathy* of the previous November. Of his arguments against the views I have there maintained I will speak immediately; but he must first allow me to vindicate myself against the imputation suggested in his opening sentence: "Bookmaking and polemics seem to be the forte of some of our physicians, who claim to be followers of Hahnemann, and the practical side of medicine, the proving of their positions at the bedside, the real *iter per angustias*, takes a subordinate place in the wordy warfare." Now in polemics I take no delight, and I can confidently say that I have never engaged in them save in self-defence, as on the present occasion. As to "bookmaking" I venture to think that what I have attempted of this kind has not proved so unserviceable that I should be reproached for my devotion to it, *non omnia possumus omnes*, and it has seemed to me that I could be of more use to my colleagues and to our common cause by literary work, which few undertake, than by becoming one among the many who instruct us by the record of cases.

Dr. Winslow, moreover, hardly sets me a good example in this mode of conducting a discussion. He objects to my statement that there are "some morbid states which are so temporary, and at the same time so distressing, that antipathic palliation is all they require." He considers the presentation of a clinical case to be the best mode of showing its incorrectness, and relates one accordingly. But the "morbid state" he de-

scribes is one that is neither "temporary" nor "distressing:" it is a case of chronic Bright's disease, and there would be no difference between us as to the relative merits of the two kinds of treatment employed. It is a strange *non sequitur* to conclude such a narrative with, "What shall we call a physician, who, with such facts in existence, deliberately recommends palliation?" as if I had advocated the indiscriminate use of this practice.

As this is the only argument Dr. Winslow has thought it well to bring against me, I might close here. But when he avouches himself "fully persuaded" that one who advocates antipathic palliation within the limits expressed by the extract from my paper "is not a follower of Hahnemann, and has no right to assume to teach homœopathy;" when he states that he is "as certain that *similia similibus curantur* is the law of therapeutics as that the stars shine;" and that he is "assured by his experience that a resort to palliatives"—he speaks without exception—"is more dangerous to the patient than it would be to do nothing at all," I cannot but ask, who is it that speaks thus? It is only very lately that we have heard of Dr. Winslow in homœopathic practice and literature. We are glad of his accession to our ranks; but we can hardly yet accept him as a judge, either of persons or of questions. His testimony to the qualification of teachers or to the rights of a controversy may be of value a dozen years hence: at present it cannot count for much, and might (may I hint?) be more modestly expressed.

COMMUNUTED FRACTURE OF THE FEMUR.

BY JAMES B. BELL, M.D.,
AUGUSTA, MAINE.

(Read before the Maine Homœopathic Medical Society.)

MR. G——, age 62 years, a substantial farmer and a very intelligent man.

August 2d, 1877.—A stone weighing a ton fell on the right thigh one hour before I saw him. He was lying upon a bed on the floor; had not much pain, but thought the bone was much crushed. I prepared a bed in the room, with a hair mattress, and pieced out the foot about ten inches, as he was a very tall man; etherized him thoroughly where he lay; then lifted him to the bed and removed his pants and drawers. I found the right leg shortened about three inches, the toes

turned in ; there was a fracture of femur beginning about four inches above the knee and extending upwards three inches farther ; evidently several fragments, but as there was much fat and muscle, the exact number could not be made out. The muscles were perfectly relaxed by the ether, and no difficulty was found in reducing the fractures and making complete extension and coaptation. A roller was applied as far as the knee, and the limb was laid in the fracture apparatus of Skinner.

This consists essentially of a curved under-splint (jointed at the knee, when required for a double inclined plane), a movable foot-piece corresponding to the sole of the foot, and a side bar, with a screw, for extension, and a perineal strap for counter-extension. The lower leg was confined to this apparatus by a firmly-applied roller over the leg and foot. Two pieces of shingle were padded and applied to the anterior surface of the thigh, and secured by a roller around the whole apparatus. When extension was applied, the limb was made about one-half inch longer than the sound one. Gave Ruta^{2c} in water.

August 6th.—Have seen him every day. Swelling about fracture increased for two days, then receded. Has had no pain. Every way comfortable. Always restive and can bear no acids. Ant. crud.^{2c} in water.

August 7th.—Bowels became regular, and remained so through the whole treatment.

Third week.—Has progressed well. Pressure of the extending roller over the instep has caused some pain ; cut the turns at that point. No trouble from the bed. No pain about the fracture. Extension perfect.

Fourth week.—Some union ; quite firm ; can gently spring the callus with the thumbs ; did not displace the bandages except over the fracture. Length same as the other leg.

Fifth week.—Union quite firm ; length same. Maintained the position the same, except slackened the tension entirely, as it has become quite irksome, and the union seems to warrant it.

At the next visit, September 14th, found he had sunk into the mattress, thus springing the callus somewhat by prying it up, with the upper end of the long splint as a fulcrum. Removed all the bandages and took the leg up clear from the splint for examination. The callus projected all around the femur and extended several inches up and down. Some flexibility at points of fracture. Padded the long splint above and below the fracture to take pressure off the callus. Replaced the dressings and re-applied the screw. Leg shortened one-

half inch. Ossification evidently slow. Prescribed canned salmon, bones and all, and Ruta^{2c}. Padded the mattress. Two days later, leg looked and felt well; the shortening remained. Applied more tension. Succeeded in bringing the leg down to full length.

Seventh week.—Maintained tension. Patient quite impatient to be released, but there was too much flexibility about the fracture. Length the same as the right.

Eighth and ninth weeks.—The same; bone becoming less flexible.

End of ninth week.—The patient being a man of strong will, had considerable difficulty in keeping him confined the last two weeks, as he was very anxious to be released. The result, however, justified the detention, as the limb came out full length, and so remained. The bone was much enlarged from the condyles to the upper third, showing the extent of the fracture. After the dressings were removed, a little slough slowly formed on the back of the heel, where no pain or soreness had been felt, due partly, the patient thought, to loss of vitality from old and persistent chilblains. The action of the knee was much impaired by the long confinement, and very likely also by the enlargement of the femur. It was not wholly restored.

When we remember that the almost universal result of even simple fracture of the femur is more or less shortening, the result in this case seems remarkably favorable. I believe it was due to the persistent extension and the toleration of the same by the patient. Of course, great care was taken all the time to watch the places exposed to pressure and to protect them by new padding of nice cotton.

ON SEVERAL REMEDIES MORE OR LESS ANÆSTHETIC.

BY PROF. E. A. FARRINGTON,
PHILADELPHIA, PA.

(Read before the Hahnemann Club of Philadelphia.)

A WIDE field for study, and one scarcely yet trodden by the therapist, is that which gives us substances capable of causing and curing asphyxia. Want of oxygen in animal tissue invariably leads to a general disturbance, the central phenomena of which appear in respiratory and cardiac symptoms. The blood in the capillaries is retarded in its flow, and at length fails utterly to pass into the veins. Then the heart, which at first worked harder to overcome the resistance, beats more and more

quickly, but at the same time more and more feebly, until it finally becomes paralyzed. Such a calamity follows, first, because the heart muscle is exhausted by its undue efforts, and secondly, because its blood, deprived of oxygen, fails to impart its essential stimulus.

The symptoms which more or less characterize asphyxia are: pectoral anxiety, dyspnoea, rapid feeble pulse, surface coldness, restlessness or stupor, with cold blue skin.

Among the possible remedies, which may be added to those already so well known, are the following:

Carbonous oxide (CO) is one of the few substances which can, like oxygen, combine with, or unite itself to, the red corpuscle. Hence its poisonous action depends principally upon the displacement of oxygen, with consequent suffocation. At first there is a notable increase in the blood-pressure. There is flushed face, deep-red, as from venous hyperæmia. A characteristic headache sets in, throbbing in the temporal arteries; lightness and constriction, worse about the temples; palpitation of the heart. The patient soon feels stupid, confused, or acts like one drunk. Respiration becomes stertorous and slow; the breath becomes cool, and complete unconsciousness, or trismus with convulsions, follows. The surface of the body, at first red, soon turns livid, cyanotic, and the temperature falls perceptibly. Death may close the scene, or partial recovery occur, with well-defined hemiplegia. Other cases end in perfect recovery.

This picture forcibly reminds one of the effects of Opium, and doubtless Carbonous oxide will compare with the latter remedy in practice. The suddenness of its symptoms, the cerebral hyperæmia, and subsequent hemiplegia, suggest its trial in apoplexy and also in embolism. As a remedy serviceable in asphyxia arising from pulmonary affections, it would seem to stand between Carbo veg. and Opium, having the hyperæmia of the latter with the coldness of the former. Cases of poisoning with the gas have developed pleurisy, bronchitis, emphysema, with bloody sputum, weakened vesicular murmur, and pneumonia. Subjective symptoms are: anxiety in the chest, feeling of a heavy load on the chest, etc. There are also recorded, rattling of mucus in the air-passages, bloody mucus raised from the bronchi, heat in chest and abdomen, extremities cold.

Aniline ($C_6H_5NH_2$), though chemically different from carbon, containing hydrogen, nitrogen, etc., behaves like the carbons, and may be medicinally considered with them. Aniline is not

an intense poison, but its effects are those of asphyxiation. The patient, after inhaling its fumes, is seized with giddiness, and may become insensible. Face and body become cold and blue, pulse slow or imperceptible, breathing heavy and labored. If conscious and able to speak, he complains of pain in head and chest. Compare Hydrocyanic acid.

The *Sulphate of aniline* has been proved and successfully administered by Dr. C. Wesselhœft. He has used it in diseases accompanied by excessive flatulence, loathing, disagreeable taste, and costiveness, common after too much fruit, cabbage, beans, etc. (See *N. E. M. G.*, May, 1875.) Compare with Carbo veg., Graphites, etc.

Nitrobenzine ($C_{12}H_5NO_4$) is used in the preparation of perfumes, and also as a substitute for oil of bitter almonds. It is much more poisonous than its near relative, Aniline. When inhaled it causes a benumbed feeling in the head, anxiety, want of breath; increasing sensorial confusion, and convulsions or stupor follow. The pupils are dilated, the face purple or livid, breathing slow, difficult, and the pulse small, slow, accelerated, or irregular. Convulsions are tetanic, with trismus and spasms of the flexors, especially of the upper extremities, and are followed by coma. One can scarcely fail to see in this group of symptoms a marked resemblance to Hydrocyanic acid.

Carboneum chloratum (C_2Cl_2) acts very much like Chloroform, but rather more slowly. The main characteristic is its depressing influence on the heart. The heart-beat falls to forty-eight per minute, with extreme lassitude and deep sleep. It may prove a remedy in cardiac affections, or in diseases with impending cardiac paralysis.

The *Bisulphide of carbon* (CS_2) is of interest, as we may have to antidote its effects in workmen who prepare the caoutchouc for rubber toys, etc. Its first transient effect is one of exhilaration. The prover is disposed to laugh and chat like one under the stimulus of Alcohol. But intermingled with this excitement is a depression, which eventually becomes persistent. A constant symptom is an intense oppressive headache, spreading from the root of the nose towards the temples, with a feeling of giddiness and intoxication. Muscular weakness is quite general, especially in the lower limbs, in some cases amounting to paresis. The mind becomes distressingly apathetic, with inability to find the words wanted. Speech is stammering, as from lingual paralysis. A noteworthy symptom of the nerves is a lancinating tearing pain, erratic and inconstant, associated with formication or anæsthesia. In other instances it is asso-

ciated with sour belching and borborygmi. The lower half of the body is icy cold. The senses are all diminished. Ringing in the ears seems to be a characteristic symptom. (Compare Bromhydric acid.) Congestion of the lungs has been noticed, and even tubercular deposit in rabbits. This circumstance, together with dyspnoea and a very characteristic night fever, suggest the drug in pulmonary consumption.

As an anæsthetic it is far inferior to the ethers, and as a substance tending to produce asphyxia, it cannot compare with the previously mentioned drugs. It seems to act paralyzingly on the nervous centres very much as does Chloroform.

The nervous sensations, muscular debility, loss of sexual power, etc., suggest its applicability to diseases of the nervous centres, especially of the spine. Mayhap it may even find a place in the treatment of the neuralgia incident to locomotor ataxia.

Its gastric and enteric symptoms place it between Sulphur and Carbo veg.; fetid eructations, heartburn, pressing-stitching pains from pit of stomach to cardiac region, relieved by loud belching. Thin, yellow evacuations 5 A.M., etc.

Of the Ethers, with Chloroform and Chloral, not much is known therapeutically; yet in some cases their employment will prove satisfactory and highly advantageous.

As a general fact, it ought to be remembered, that the Ethers, especially Chloric ether, cause a predominance of respiratory symptoms; Chloroform and Chloral of cardiac.

Ether (especially *Chloric ether*, with which these symptoms have been confirmed) may be given in convulsions, whether epileptic, hysterical, or puerperal. The characteristic symptom is *intense dyspnoea*. Hence it may be the remedy in such cases as have what is termed convulsions from asphyxia.

This same characteristic belongs also to Nitric ether, Ethyl nitrate, etc.

Ethyl nitrate, as contained in the *Sweet spirits of nitre* ($C_2H_5NO_2$), comes to us recommended by Hahnemann in typhoid conditions, with well-marked sensorial apathy. When aroused, the patient answers intelligently, but quickly relapses into his state of sleepiness and indifference. Here the drug rivals Phosphoric acid. But there are other applications of the drug, particularly that which calls for its present recommendation: breathing slow and regular, but on walking a short distance, it becomes hurried, then quick, difficult, and painful, with a distressing sense of constriction under the sternum.

On walking, the heart beats rapidly and tumultuously. How suggestive this is of angina pectoris, or of hypertrophy of the heart. It is very similar to the well-confirmed characteristic of *Aurum mur.*

The *Amyl nitrite* ($C_5H_{11}NO_2$), causes constriction in the throat, which extends to the chest. There is, however, not much dyspnoea; but the circulation is wonderfully altered. The venous and arterial blood are said to become of the same hue. Oxygenation is lessened and with it the animal heat, the whole system becomes weakened and relaxed. The vascular phenomena are due to a paresis of the vaso-motor nerves: throbbing, bursting fulness in the head, protruding eyes, throbbing in the ears, flushed face, neck swollen, fulness of the chest, anxiety, with cardiac oppression and tumultuous heart-action, constriction and pain about the heart, general sweat. The constriction of the chest is evidently not a true dyspnoëic symptom, but arises from hyperæmia.

This drug may often be called for in sudden derangements of the circulation; as blushing, flushing of the face at the climaxis, hysterical anomalies, etc. Also in heart affections, where it is similar to *Cactus* and *Glonoine*. Its application in epilepsy is not homœopathic, since it there acts only palliatingly by lessening spasm of the bloodvessels. It is recommended in asphyxia from drowning, chloroform, etc.

Nitrous oxide (N_2O) is one of the few gases capable of sustaining life, at least for awhile, after the withdrawal of oxygen. Under its effects, the experimenter seems to be in a sort of ecstasy. Fancies and thoughts are vivid, intense, and generally pleasant. The mind tries to grasp the marvellous and supernatural. The senses are all exquisitely acute. There is a feeling of muscular energy and often a strong inclination to laugh. This cheerfulness and activity sometimes continue for several hours after the inhalation. The temperature of the body, while inhaling the gas, rises steadily and keeps pace with the mental exhilaration. The nerves experience a not unpleasant thrilling, vibratory sensation. In fact the prover is living too fast, crowding the work of days into a few moments. The symptoms thus far, remind one of the extravagant hallucinations of *Cannabis indica*.

When the gas, however, is inhaled in large quantities, or without the admixture of air, anæsthesia quickly follows. The mental ecstasy is but transient. But hearing remains acute much longer than the other senses.

Sometimes attacks of fainting occur, with a feeling of oppres-

sion of the chest. At other times, convulsions set in, resembling epilepsy or hysteria.

I can recall a case of a colored woman, who took the gas at the dentist's. For days afterwards she was subject to spells of semi-consciousness, which were preceded by a numb feeling in the head, spreading thence over the body. Then she would fall backwards to the ground. In the open air, the attacks were often postponed, but were more severe when they did come. While at work, she was free from attacks, but while seated, or unoccupied, the seizures were frequent. She was conscious of feeling sick, but could not help herself. She often complained of a drawing in the neck, as from contraction of the skin.

With these suggestions, could not the laughing-gas be utilized as a medicine? Some of its symptoms remind one of the ethers and their compounds. These semi-conscious spells are not uncommon in hysteria. Here Nitrous oxide may serve as well as the frequently used Moschus.

A question presents itself, while considering the efficacy of ethers and similar substances. Of what homœopathic value are they in the treatment of that dread calamity, puerperal convulsions? There can be but one answer to any such query, and that is, their value depends upon their homœopathicity. But with this general answer ever in mind, may it not be asked, when are they indicated?

Certainly only when characteristic symptoms agree with the individual case under treatment.

Ether will help if there is opisthotonos, unconsciousness, violent convulsions, and *especially intense dyspnoea*.

Chloroform is antipathic, except for the intense precursory excitement; or, later, for deep coma, stertor and impending cardiac paralysis, with blue, cold surface. The order of the symptoms here, suggests a similarity to Hyoscyamus; and I believe Dr. Lippe has antidoted the effects of Chloroform with this drug.

The *Carbonous oxide* must wait confirmatory evidence; but, as similar to Opium, it ought to receive attention.

Nitrous oxide produces symptoms like hysteria, but should not be forgotten in the more alarming puerperal convulsions.

The mode of administration deserves a passing notice. I have no quarrel with him who prefers the crude preparations, but think, nevertheless, that more certain and abiding results will follow the use of potencies. Dr. Allen, in his valuable *Encyclopædia* has taken the precaution to indicate the method

of preparation as follows: Chloroform and Ether, in alcohol; Carbonous oxide and Nitrous oxide, in distilled water. Hahnemann gave the Sweet spirits of nitre dissolved in water; and suggests that it should be old enough not to redden the cork. Amyl nitrite, it is claimed, acts best by inhalation, although many symptoms have resulted from its use prepared in alcohol. The Bisulphide of carbon has been employed by allopaths as a local application in neuralgia. This dangerous and awkward method is quite happily unnecessary, since its successful use in potencies is well attested.

SARCOMA OF LEFT KIDNEY.

BY T. M. STRONG, A.B., M.D.,
ALLEGHENY CITY, PA.

(Physician to Little Sisters of the Poor Hospital.)

JACOB MANTZ, age 68 years, German, a metal-worker by trade, had been an inmate of the hospital of the "Little Sisters of the Poor," for about six months. Four years ago the patient was attacked with hæmorrhage from the bladder, which lasted several weeks. About a year afterwards, he was attacked a second time, when the trouble lasted more or less severe for a year. Since then he has not had any serious symptoms until the final and fatal attack.

He was confined to his bed from his first admission to the hospital. He complained of pain in region of left hypochondrium, at times severe, at other times quite moderate. A tumor with very slight motion, lay beneath and below the cartilages of the floating ribs of the left side. It was solid to the touch; the more prominent part was about three inches in diameter; it could be felt as passing up under the cartilages; percussion revealed marked dulness up to the tenth rib; and in a line from the umbilicus it could also be detected, extending nearly to the spinal column.

The pain and soreness were nearly always referred to the prominent part of the tumor, and never in or about the back. He had headache more or less constant; his appetite was moderate; sleep disturbed; bowels regular; the urinary passages were unobstructed; his face and hands presented a waxy appearance; the tongue light-colored. His general appearance, the situation of the tumor, and the absence of any marked symptoms, or any excessive complaint of pain, led to a diagnosis of hypertrophy of the spleen.

Owing to his inability to speak English, we could not obtain as clear a history of the case as we wished to do.

On February 1st, I was called in haste to see him. I found him suffering intense agony from constant urging to urinate. At the same time he passed dark-colored bloody fluid in drops with long clots; he had already passed quite a large amount of this bloody fluid. I introduced a catheter, but this gave no relief, as the passage would become instantly clogged. After its withdrawal, I put him on Canth., and applied warm poultices over the bladder. This relieved the most intense pain, but considerable pain continued, and he passed large quantities of bloody water; and clots were found in the vessel very soon after the passage of this bloody fluid. The quantity of fluid passed during his sickness was considerable. He became gradually weaker, and died February 10th, about noon.

I made the post-mortem, assisted by Dr. Caruthers, on February 11th. The body presented a waxy appearance; the abdomen was sunken, and the tumor not externally defined. On opening the body, the peritoneum and omentum were found congested in places, with small masses of clotted blood scattered through their layers. The intestines were light-colored, and stained by the bile in the region of the gall-bladder. The liver was somewhat paler than normal, but was of average size; the stomach was normal and empty; the bladder was distended, and when opened was found to be filled with clotted blood, of a slight urinous odor. The spleen and right kidney were apparently normal, though the former was a little softened. A large irregular shaped tumor was found to occupy the position of the left kidney, extending upwards and outwards behind the stomach, and ending at the hilus of the spleen; the most projecting point anteriorly reached to the abdominal wall in front, and was covered only by the omentum. It weighed when removed, six pounds. The pancreas was normal. No other organs were examined, except those constituting the abdominal viscera.

A section through the tumor revealed a coarsely reticulated structure of dense fibrous tissue, with pockets filled by a softer material, in some regions like muscle, in others, cheesy, and often broken down into pus and débris. Here and there were cysts filled by a grumous fluid, which suggested an origin from dilated malpighian capsules and uriniferous tubules; but in no part could any structures like those of the normal kidney be discovered.

The growth gave all the macroscopical characteristics of a

very malignant spindle and round-celled sarcoma, and was so considered by the members of the Allegheny County Homœopathic Medical Society, before whom it was exhibited. It is a little remarkable that such a large growth could exist in the abdomen and produce such little disturbance of the other viscera.

AN OPEN LETTER.

TO THE MILWAUKEE ACADEMY OF MEDICINE.

GENTLEMEN: I have just received your circular letter requesting me to assist you and others in forming a conclusion, as to whether I am a fool or a rascal. This is your proposition simplified. If I have known that the medicines I have been using for thirty years were inert, I have been obtaining money under false pretences, and am dishonest. If they are inert, and after prescribing them daily for this length of time, I have failed to make the discovery, I must be incapable of forming a rational conclusion on any subject, and my opinion, therefore, would, in the test you propose, be of little value. All this you request, not in the least to benefit me, but in a vain effort to satisfy others, about whose opinions I care nothing. Thank you, gentlemen. I beg leave most respectfully to decline.

You say I "have publicly avowed, that I believe in the medicinal efficacy of the 30th Hahnemann dilutions," etc. I not only "publicly avow" that I believe in the efficacy of the 30th potency (the word *dilution* in this connection I discard, it is only applicable to the low preparations), but in most cases of disease have more confidence still in potencies far above the 30th. You say "a majority of scientific men in and out of the profession, do not believe that these preparations possess any curative power." What do they know about it? And who cares whether they do, or do not believe? You say, "the evidence that convinces me, is not sufficient to convince them." This I deny; it will convince any one who will receive it. But how are they to obtain this evidence? Will they go with me and see it tested in ten thousand cases of disease? Not at all. What is there better or more conclusive in the limited test you propose? Do you suppose a man who denies that I cure my patients with a medicine, will be more likely to believe me, if I tell him it made me sick? Do they ask for a sign? I have heard of such persons before, and it

is just as true to-day as it has ever been, that "they would not believe though one rose from the dead." And do you ask me to experiment as to whether the earth moves, the sun shines, or water seeks its level? Some still deny these things; only three months ago a lecture was delivered in this city to disprove the theory of the earth's motion. There were doubtless those in the audience who agreed with the speaker, "the evidence that convinces you not being sufficient to convince them."

You say, "if the decillionth part of a drop of a dissolved medicinal substance is a more potent curative agent, than the tenth, the hundredth, or the thousandth part of a drop of the same, it is important that the world should know it." Just so, but how are you going to give the "world" this knowledge? Hahnemann and his true followers for the past sixty years have been demonstrating this truth as fast as the "world" would receive it, and will it be more likely to accept the *dicta* of the "Milwaukee Academy of Medicine" any more readily? Is its influence so potent, that immediately on the publication of the result of its "test," the "world" will be convinced one way or the other? How we tremble while waiting for the verdict. You say "the result of the test you propose must be accepted." It is easy to use this word *must*, but how are you going to force its acceptance on the minds of the people? Are all truths popular, or have they ever been? Homœopathy has made more rapid progress in this direction within the past half century, than any other discovery in science has ever done since the world began; the evidence of its truth is the hundreds and thousands of cures it effects every year, yet the masses still reject it. Will your test be more fortunate? Are people more ready to believe, or can they more easily tell what makes them sick, than what makes them well?

You say some of the globules are medicated, and some are not, and you ask me to distinguish the difference. Suppose I get no results from any of them, what then? You will say, just what we expected; there is nothing in the 30th attenuation; and I will say, you failed to medicate any of them at all. Is not my conjecture as good as your assertion? What evidence have we that you are more to be relied on than I am? Or suppose one of the vials does contain medicine, what proof have you that it is pure or effective? Or grant it to be so, must it necessarily follow that taken as you propose, it must in all cases produce its tonical or pathogenetic effects? Must a medicine that will cure a sick man necessarily always make a well man sick? Ours is a health-restoring, not a health-de-

stroying system. If a thing is crooked you can straighten it, but you cannot make it straighter, after it is already straight. The system is much more sensitive and susceptible to medicinal influences in disease than in health; even articles of diet that perfectly agree with the stomach in its normal condition, may be rejected in sickness. A reasonable amount of light will produce no very marked effect on the healthy eye, but it has to be greatly *diluted* when this organ is inflamed. The system will sometimes for years resist the virus of small-pox or other contagious diseases, and afterwards succumb from receiving a letter written by one having the disease. Vaccination will not *take* under all circumstances, or every time, however fresh and active the virus may be; if two out of every five are affected the first or even the second trial, it is perhaps about the average. Would you send me five ivory points, one of which you would tell me is charged with cow-pox virus, the others with some inert substance, and would you ask me to test them and to detect which is medicated?

I get no results from any of them, and you immediately let the "world" know there is nothing in vaccination; that Jenner was a fraud, that all cases of cow-pox, purporting to have been caused by vaccination within the last half century, were "only instances of incorrect diagnoses," and that the "evidence has no scientific value, for the reason that it is one-sided, the failures never having been heard from."

Do you suppose your decision would have the weight of a feather with those who know better? To those whose minds were made up before the result of the "test" was known, the evidence would, no doubt, be conclusive, particularly if it harmonized with their opinions.

You ask me if I will not accept this opportunity "to justify my practice and benefit humanity by proving the potential efficacy" of the medicines I use. Thank you, gentlemen! I have all the evidence I need of their efficacy, and justify my practice by being a consistent homœopath and practicing what I profess, and I know of no better way to "benefit humanity." You say, if I refuse in distrust, may not my patients distrust me? It is indeed very kind in you to manifest so much concern about my welfare, and that of my patients, but please don't concern yourselves about them; after they have two or three times been relieved by my prescriptions, they will not hesitate to resort to the same measures again, and to advise others to do so, without asking the advice or consent of the "Milwaukee Academy of Medicine."

Oh, no, gentlemen! you have undertaken a fruitless task, and as a death-thrust at homœopathy, one that its vilest enemies have hitherto failed to equal. You virtually imply that very probably Hahnemann was a fanatic, and that all his true followers, from his time to the present, have been arrant knaves or blank fools; and this from a friend (!). Well may we exclaim, "*Et tu, Brute!*" Why any set of men professing fealty to any cause should take so much pains to throw distrust and suspicion around it, is one of the mysteries that mental philosophy leaves unexplained. Do you profess to be homœopaths? What kind of homœopathy is there, except that established by Hahnemann? Did it exist before his time? There is undoubtedly the spurious and the genuine; the former existed before him, the latter was instituted by him; and, in defiance of foes from without and enemies from within, it will continue to exist as long as the race continues to populate this earth. If you have no confidence in Hahnemannian homœopathy, and there is no other entitled to the name, then we would advise you to abandon it at once. "Stand not on the order of your going!" If you have a concern about our welfare, as you seem to have, and are anxious to do us a kindness; this will promote our interest and that of "humanity" more than ten thousand such "tests" as you propose.

If you wish to shatter the confidence of the public in the truths of homœopathy, you have certainly hit on a very proper expedient, for how can people have confidence in the practice of any physician, who by his continued insinuations intimates that he has no confidence in it himself?

Let me say to you, it was the success of Hahnemann and his early and true followers in healing the sick, that gave to homœopathy the popularity that attracted your attention, as well as thousands of others, and if you now are dissatisfied with your choice and seek a separation, we do not object to the divorce; on the contrary, we most heartily consent, provided you will at once adopt and hereafter retain your *maiden name*, "Eclectic." Respectfully, C. PEARSON, M.D.

WASHINGTON, D. C.

DR. WILLIAMSON AND THE OLD LADY.

UPON the occasion of the first meeting of the American Institute of Homœopathy in the great West, early in June, 1857, Dr. Walter Williamson and two daughters, with several phy-

sicians from the East, passing through Pittsburgh, were joined by Dr. D. M. Duke, the prince of jokers, and myself.

Night overtaking us in Ohio, and no Pullman sleeping coaches being then in use, we each selected a whole seat, that we might recline and snatch a little sleep as we went rushing on toward Chicago.

Dr. Williamson had disposed his rotund form upon a patent spring, invented for weary travellers by some benevolent man, and having covered head and ears with a heavy shawl, was, like the rest of the party, seeking needed slumber, when we stopped at Alliance for a few minutes.

In came a drove of weary people looking for seats. Of course we all seemed to be in dream-land. But our inveterate joker, peering out from under his shawl, and seeing that we were likely to be routed up, said, "Ladies, plenty of room in the next car," whereupon they all filed through into the next coach, much to our relief and amusement.

But, shortly, back they came, bent on stirring us out of our comfortable quarters.

One old lady, surveying Dr. Williamson for a minute, energetically remarked: "Here is a man taking up a whole seat," and was about to give him a shake, when the joker, throwing back his shawl, exclaimed: "Hold! Madam, don't disturb that man! *He takes more room sitting up than lying down!*"

Amid the roar that followed from our whole party, the old lady beat a hasty retreat, leaving the good doctor bobbing up and down with convulsive laughter upon his patent spring.

J. P. D.

OUR ENGLISH LETTER.

IPSWICH, ENGLAND, March, 1879.

EDITOR OF HAHNEMANNIAN: The *Cipher Repertory* is progressing. The latest contribution, "Mind and Head," by Dr. Dudgeon, will be warmly welcomed by those who have been accustomed to using the other parts. It was strongly felt at the September meeting of last year, that steps should be taken towards completing the work, and at present most of the parts that remain are in the hands of workers. To these Dr. Allen's splendid work is an immense advantage. There are hopes now that ere long we shall see the *Cipher Repertory* completed. It is a dreadful book to fall into the hands of one who is "looking into homœopathy," and would drive a mod-

est man to despair; but to those who have a good knowledge of the *Materia Medica* to start with, and courage and patience enough to master the cipher, there is no handier aid to finding the "similimum" for puzzling cases. By means of the cipher, each symptom can be given *complete* and in very small space.

In the present number of the *British Journal of Homœopathy*, is an interesting lecture by Dr. Hughes, on the vexed question of homœopathic posology. As he justly says, dose is purely an arbitrary matter; there is nothing in the human system to correspond with grains, drachms, and ounces of drugs. As for finding out the best dose, neither science nor reason can help us to this. The "ultimate atom" can be traced as far as the 9th centesimal attenuation, but there division must cease, if Sir William Thomson and Clerk Maxwell are right in their theory of atoms. Experience alone can decide for us the question of dose, and we have as yet no series of observations with different attenuations to warrant us in generalizing.

Apropos of doses, comes Dr. Kidd's lately published book, *The Laws of Therapeutics*. Dr. Kidd is noted as commanding one of the largest and most influential practices in the kingdom, and for giving the largest doses of any of those who acknowledge the truth of Hahnemann's law. His book is of great interest. His success—judging from the book—would seem to be due in no small measure to his unbounded faith in his own conclusions. He is not troubled by doubts as to the right medicine, right dose, or the philosophy of the disease he is treating. This enables him, right or wrong, to take a firm "grip" of his case, and where he is right, this is a great advantage. On the subject of dose, his mind is quite made up. "The use of the pure tinctures," he says, "may be called the practice of his (Hahnemann's) mature manhood, so unlike the whimsical speculations of his old age. . . . He insisted upon ignoring the facts of experience, to promulgate the whimsical notion of dynamization, begotten not of careful experiment, but of fanciful dogmatism." "Truth is greater than Hahnemann, and of late years, his speculations about 'Psora' and 'infinitesimal doses,' have been tacitly given up by all the most skilful and intelligent of his followers." (Dr. K. is here speaking for himself.) "His own theory of 'Psora' was just as baseless as any of the theories he helped to overthrow." There are still a few humble individuals, allopathic and homœopathic, simple-minded enough to believe that though the process of reasoning by which the master sought to prove his Psora theory was all wrong, yet still his conclusions were not

quite so baseless as Dr. K. seems to think. And the race is not quite extinct of intelligent physicians who use the 3d and 6th dilutions, occasionally the 30th, and even the 200th.

The book is entitled *The Laws of Therapeutics*, and from that we gather the author intends it to embrace all of them. I cannot find that he enumerates them, and so we are left to count for ourselves. They are five: the law of similars, the law of contraries, the law of counter-irritation, electricity, and hydropathy. The law of similars bears a broad construction. Here is a case condensed. A lady, 32, troubled for six years with spasms in passing gall-stones, treated by many without benefit, and for some time by Dr. K., with various remedies without success. At last he prescribed inspissated ox-gall, gr. x *ter die*, three hours after meals. The attacks lessened in frequency, and in five weeks had ceased altogether. Now it is quite true that inspissated ox-gall is *similar* to inspissated human-gall, but is this case an example of Hahnemann's law? That, I used to think, meant that drugs would remove morbid states *similar* to those they had the power to produce. Has dried ox-gall ever produced gall spasm in a healthy human subject? But perhaps this is a narrow way of regarding it. There are striking cases of the action of *Cantharis* in strangury recorded, the dose being in one case gtt. iss. of the mother tincture, and in another gtt. v of the same. There is also a good case of exophthalmic goitre, cured by Bell. θ , gtt. iv *ter die*, and of the homoeopathicity in these cases there can be no doubt.

There is an instructive chapter on obstacles to the action of medicines. *Digitalis* would seem to be the medicine most obnoxious to obstacles. Several cases are given. A girl of six years suffered with mitral insufficiency and general dropsy, with body greatly swollen; the urine was scanty and bowels loose. *Dig.* \mathfrak{z} ij of infusion was prescribed, and cure resulted. Relapse occurred two years after. *Dig.* again given up to f \mathfrak{z} ss. of infusion *ter die* without result. *Magnes. sulph.* \mathfrak{z} ss. in wine-glass of water every morning was added. In a few days the urine increased, and the dropsy was cured. Another case. A gentleman, 62 years, suffering from cardiac dropsy. He lay like a log in the bed. *Dig.* was prescribed f \mathfrak{z} ss., then f \mathfrak{z} j of the infusion *ter die*, then ten drops of the pure tincture, but with no result. This was a consultation case, and the physician who had called in Dr. Kidd, began to doubt if *Digitalis* was the right remedy, and proposed to abandon it. "No," was the characteristic reply, "we must remove the obstacles to its action." A "brisk mercurial purgative" removed those

"obstacles," the *Digitalis* was continued in f $\overline{3}$ ss. doses, the urine increased, and his patient recovered. The explanation given is, that the purgative relieved the portal circulation, and Dr. K. is perfectly contented with the scientific nature of this remark, and thinks other people ought to be. Some, however, might be inclined to suggest the possibility of the purgatives having wandered a little from their portal mission and stirred up the kidneys by the way on their own account. The facts in themselves are interesting, but we also like a few more particulars. What was the character of the pulse? Did the *Digitalis* affect that in any way before the increase in the urine? In allopathic days, *Digitalis* was one of the few medicines I could reckon on. The indications for its use were weak and irregular pulse and scanty urine. After a time in many cases it had to be discontinued, and the indications for stopping it were, returning irregularity of the pulse and diminution in the quantity of urine; but then we did not know anything about "obstacles."

There is rather too much pathos expended on the cases in the book for a scientific work, and the phrase "what a boon!" occurs oftener than necessary; but we must thank the author for his contribution to the sum of our knowledge. He gives us one aspect of the dose question, and it is only by searching all around, that we can hope to find a solution of the difficulties with which it is beset. One lesson we may do well to learn from the book. Having made deliberate choice of our medicine, let us not give it up, if the first dilution we try does not answer our expectations, but try others up as well as down the scale, till we have tested it thoroughly. It is only by this means that we can gain the comparative information we so much need. Facts are what we need, well observed, well arranged, interpreting one another. Theories have done very little for the advancement of science.

Hospital Sunday is now a recognized institution. On one Sunday in the year, the money collected at all the churches and chapels in the country is given to support the various medical charities. Each district has a committee of distribution, and the money is distributed to the different institutions in proportion to the amount of work they do. In London, Liverpool, and Birmingham, the homœopathic charities come in for their share, and now the ancient and somewhat sleepy city of Norwich is arousing itself to consider the claims of its Homœopathic Dispensary. The latter, under the care of Drs. Roche, Sr. and Jr., is doing extensive work among the poor,

and is liberally supported by the friends of homœopathy in the district, but has never yet had a share of the "Hospital Sunday" fund. At a meeting of subscribers just held, presided over by the bishop of the diocese, its claims were strongly urged and well supported by the friends of fair play on both sides. It was eventually decided that the question should be discussed by the committee, and reported on at the next annual meeting for final decision. The question was "settled" in the negative some years ago, but some questions have as many lives as cats, and smothering is evidently not going to be the death of this one.

Fraternally,

DR. JOHN H. CLARK.

WHOOPIING-COUGH AND FUNGUS.

SOME years ago M. Svetzerich made the assertion that whooping-cough was caused by a certain fungus. This assertion seems lately to have been confirmed by the researches of M. Yschamer, who says he has found certain lower organisms in the spittle of whooping-cough patients—organisms not met with in any other disease accompanied by cough and expectoration. Examining the spittle after it has been a short time suspended in water, there are found corpuscles about the size of a pin's head, of white or slightly yellowish hue, and these show, besides apathetical cells, a network frame of polygonal meshes, with rounded greenish sporules; at a more advanced stage, colorless hyphæ are seen, and large sporules, yellowish or brownish-red, sometimes even ramified. It is interesting to learn that the fungi in question are quite identical with those which, by their agglomeration, form the black points on the skins of oranges and the parings of certain fruits, especially apples. M. Yschamer, by inoculating rabbits with this dark matter, or even causing it to be inhaled by man, produced fits of coughing several days in duration, and presenting all the characters of the convulsive whooping-cough.—*Exc.*

THE
HÄHNEMANNIAN
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

WM. H. WINSLOW, PH.D., M.D.,
EDITOR.

Vol. I.

Philadelphia, Pa., April, 1879.

No. 4.

Editorial Department.

It is an established law, in the American Institute of Homœopathy, that each Bureau shall select *one subject* upon which to labor and present papers at the annual meeting.

It is intended that individual forces shall be concentrated, so as to treat of subjects presented, learnedly and exhaustively. And it is intended to have all the special subjects announced to the profession beforehand, so that when presented to the Institute, able and interesting discussions may follow.

Of what use the presentation of papers merely, without discussion? They might as well be published in our journals and read at our firesides. And of what use are discussions if they are altogether unstudied and impromptu?

Within sixty days after the adjournment of the Institute, the chairman of each Bureau should have his special subject announced, in the journals or by circular, for the next meeting.

In this issue the Chairman of the Bureau of Materia Medica, Pharmacy, and Proving, in the American Institute of Homœopathy, presents the special subject selected for investigation, and to be reported upon and discussed at the approaching meeting at Lake George.

The subject is one of great importance. Of what use our grand therapeutic law and our massive Materia Medica, if we employ means in themselves defective?

The investigation is timely, and should be conducted with

the utmost fairness and thoroughness. It is to be hoped that our physicians, who have long relied upon attenuated medicines, and who have done so upon satisfactory proofs of their efficiency, will be ready to aid the efforts of the Bureau.

It will not do to lay back and say that this is a work of supererogation, uncalled for and useless. The most persistent and effective opposition to homœopathy has been, in every country and at all times, against its pharmacy and posology.

Let us now bring out our strongest proofs, that, peradventure, we may convince the most doubting, and make our therapeutic *means* as reliable as our therapeutic *methods*.

The Bureau now, for the first time in its history, has unitedly taken hold of pharmacy.

WE present, in the Original Department of this number, an article entitled "Palliation versus Homœopathy," from the pen of Dr. Richard Hughes, of London, England. In it there will be found some very keen satire upon Dr. W. H. Winslow and his opinions, which we hope our readers will enjoy as much as we have. We accord our distinguished contributor all praise and honor for his devotion to literary pursuits, and his excellent contributions to homœopathic literature, and we entertain the kindest personal feelings towards him, but we do not consider that the eminence which he has won by hard work should shield him from just criticism. If he gives us ideas, and declares principles in reference to our practice, that, according to our views here in America, may be considered heretical; if he pulls the house down about our ears, which he has helped to build up: because of his high position as an author, and the influence which his writings exert upon the profession, we consider it most imperative to expose his wanderings from the path of true homœopathy, and to combat his errors.

We object again to the statements, "that there are some morbid states which are so temporary, and at the same time so distressing, that antipathic palliation is all they require, and that by giving the patient the benefit of this you do best to help him in his need, . . . we are bound to avail ourselves of *contraria contrariis*," etc.—because it is distinct teaching that palliatives are to be preferred to the homœopathically selected remedy in some cases, which we deny; because it authorizes the homœopathic physician to estimate his cases according to a gutta-percha scale, by which he may include, as many probably would, a large number of affections under the terms "morbid" and "temporary," and then treat them by palliatives; because

it confesses homœopathy a failure in the very kind of cases in which it has been promptly and wonderfully curative; and because it breaks down the only barrier between us and the dominant school of medicine, and favors a riotous eclecticism.

Be it known that the distinction in belief between the old and the new school is, that the former accepts *similia* as a guide for the selection of the medicine *in some cases*, while the latter accepts it *in all*. Permit homœopaths to exchange "all" for "some," as authorized by the statement of Dr. Hughes, and what becomes of our exclusive dogma, or our school? In the article published in February, we stated "a mixture of Bromide and Iodide of potassium was given for the headache and renal condition." The Bromide is rarely used for kidney disease, or the Iodide for headache. The Bromide was given as a palliative for the severe occipital headache, a "morbid" and "temporary" condition, which it relieved as stated, just as Chloroform or Morphia might obtund the pain caused by the passage of a renal or hepatic calculus; yet, what homœopath would treat such cases by palliatives alone? If they are sometimes needed, "more's the pity." In such circumstances we continue the proper homœopathic medicine, and give palliatives charily and with foreboding, because we know we are adding just that more clogs to the wheels of life, and are thus placing our patients in more danger. We have had enough mortality reports from the old school to convince us that "palliation is more dangerous than doing nothing at all," and if Dr. Hughes will refer to Professor Hughes Bennett's investigations upon the treatment of pneumonia in the Edinburgh hospitals, he may find some examples. If Dr. Hughes considers what we have said as too personal and unkind, we are sorry, but we think reflection will convince him that our onslaught is upon his careless statements and pernicious ideas.

We have said enough upon palliation to awaken the earnest attention of our readers to Dr. Hughes's article, and the merits of the question. We hope older heads will give us their opinions, as our inexperience and youth receive no charity on the other side of the water. Meanwhile we anticipate the glorious day of emancipation, a dozen years hence, when we may, by British permission, express an opinion which shall be entitled to consideration.

DR. ELISHA HARRIS, President of the American Public Health Association, in his opening address at Richmond, uses the following language: "It matters not to any of us . . . if it should chance to be proved that any previous opinion,

theory, or practice, concerning the ineffectual factor, or the localizing causes, or the means of stamping out this subtle pestilence were disproved or superseded by means definite or practical, verdicts of such a grand court of hygiene as this."

"We venture to believe that every gentleman worthy of membership in this association, or of any recognized standing among scientific hygienists, has come to this national sanitary conference fully prepared to examine all things, and to hold fast to that which is true. We invoke for all the deliberations in this week of conference, a scrupulous adherence to this first duty, for this we owe to society and *science*."

Brave words! Worthy of the man and the cause; but mere words after all. It would matter a great deal to Dr. Harris and his brethren "if it should chance to be proved" that Dr. Falligant's ideas were correct, and the homœopathic practice was the better one for yellow fever. The president has great confidence in the members of the Association that they will examine all things and hold fast to the true; but bless him, the Association have no such ideas. They will accept just what evidence suits them, and no other; and they take good care to have no witnesses before them, except such as are bound hand and foot by self-interest and the old-school constitution.

The great mass of evidence in possession of the homœopathic profession is ruled out by a partisan and corrupt judge; and the jury, "the grand court of hygiene," is interested that the verdict shall be in their favor only, and they declare it thus. It is one of the greatest farces of this century that a body of scientists should blow their trumpets and announce that they are going to scrape the skies and plunge into the bowels of the earth, to gather every fact in regard to disease, in order to benefit humanity and science; and then to go and fill the newspapers with insincere statements and pretentious palavers of no practical use; while they ignore the aurora, which streams with wondrous light from the labors of homœopathy.

They are up to mischief now, and it behooves us to watch them. We warn homœopaths to use every influence possible to prevent the passage of a law by Congress, establishing a National Board of Health. If such a board be now organized it will be in the exclusive interest of sectarianism, and be governed by all the narrow bigotry and tyranny which characterize the proceedings of the American Public Health Association.

Until homœopaths arouse themselves and make their power felt, through their numerous *clientele*, in the halls of Congress,

and upon the National administration, we cannot hope for fair play. Let us get to work now, and by the time the bill comes up, our friends will be able to destroy its partisan character.

ARTICLES for publication in this journal must be in the hands of the editor the *first week* of the month before that of issue.

OUR subscription list has augmented in an unprecedented manner, and new names, accompanied by the *pecunia numerata*, continue to pour in at headquarters. This is very gratifying to the editor, and solid comfort to the publishers, and shows that there exists a *raison d'être*, without which no journal can long survive. We hope that our appreciative readers will bring the claims of the journal to the notice of practitioners who are remote from centres of medical culture, that they may subscribe and enjoy the good things which we offer so reasonably. We trust that writers and teachers of medical lore will keep us supplied with articles of scientific and literary merit, that we may be able to maintain the standard of excellence which has thus far characterized the journal. It is for the interest of every homœopathic doctor that our literature should compare favorably with that of the rival school, and set forth clearly and decidedly the principles which guide us in our beneficent practice. We propose to defend homœopathy from the crudities of the ignorant, the inconsistencies of the illogical, the drivellings of monomaniacs, and thus help to place it upon a solid scientific basis.

WE are as much gratified at the courteous notices given THE HAHNEMANNIAN and its new editor by some of our contemporaries, as we are amused at the studied avoidance of any mention of the new enterprise by others. We might get a subscriber here and there from the backwoods, were our rehabilitation to be placarded by all the journals, and we tremble at the fate of some, when it dawns upon the minds of their readers that they do not give all the news. The amenities of journalism are too few to permit narrowness and jealousy between brother editors, and one generally succeeds best by adopting a liberal policy. In our next number we shall present a very valuable paper upon "The Lessons of History, in the Progress of American Homœopathy," from our esteemed contributor, Dr. J. P. Dake. Several other excellent essays have been crowded out of this issue, and we promise "a feast of reason" for the budding springtime and joyous summer.

Book Department.

We Dissert Books, not Authors.

SPECIAL REPORT OF THE HOMŒOPATHIC YELLOW FEVER COMMISSION, ORDERED BY THE AMERICAN INSTITUTE OF HOMŒOPATHY, FOR PRESENTATION TO CONGRESS.

This is a pamphlet of fifty-six pages, printed at New Orleans, under the immediate supervision of the Chairman of the Commission, Dr. Holcombe.

We expected an able document from the men composing this commission and have not been disappointed.

The methods of inquiry adopted—clear, direct, prompt, and pushed upon the “very heels of the retreating pestilence”—have secured proofs of the highest order, as to the superiority of the homœopathic therapeutics in yellow fever.

It was our intention to present an abstract of this report, and to make suitable comments upon the leading points brought forward; but since the commission has authorized Messrs. Boericke & Tafel to issue a cheap and very large edition, to be placed upon the market at once, we feel that it will be much better for our readers to satisfy their inquiries by reading carefully the whole document.

We must say, however, that the work committed to Dr. Holcombe and his confrères has been one of vast importance, and that it has been most faithfully executed. In all the annals of our school no greater necessity has arisen for such an investigation; and never has it been so promptly and efficiently met as in this instance.

This report will be translated and republished wherever an interest is felt in the great scourge of the tropics.

Every practitioner in our school should order at least half a hundred copies, for free distribution among his reading clients.—ED.

NAVAL HYGIENE. HUMAN HEALTH AND THE MEANS OF PREVENTING DISEASE. By JOSEPH WILSON, M.D., MEDICAL DIRECTOR, U. S. NAVY. Second Edition, with Illustrations. Philadelphia, Lindsay & Blakiston. 8vo., cloth. pp. 274. Price, \$3.00.

This book well supplies a want which was seriously felt by assistant surgeons, who entered the navy during the war.

Then we had to learn by observation and questioning, what this book teaches. The subjects treated of are various; the author transports us from home upon a voyage in which is filled in all the experience of a medical officer of the navy; he speaks of the various diseases which he encountered, the different climates he visited, and tells how to avoid their malarious influences.

The clothing of the men, and the necessary arrangements for the comfort of both the well and sick receive attention; he stops by the way to give the botany of different places, the use of the plants in regard to medicine, etc. Then he regales us with a description of the luscious fruits of the Tropics, which kindles a desire to again feast on the Avicato and Mangosteen. Some useful hints are thrown out about the various poisonous fishes, and rules given in regard to the manner of determining their poisonous properties. The book also treats of the foods most essential to a seafaring life, and the manner of their preparation. It gives good ideas about discipline, and in fact produces a rich medley culled from all sides as he journeys along.

In it we find much to commend and nothing to condemn. It is a book of most use to the navy and mercantile marine.

To us landsmen is given a glimpse of varied life, with many ideas, useful in regard to hygiene and ventilation.

L. H. W.

HEADACHES AND THEIR CONCOMITANT SYMPTOMS. WITH A COMPLETE AND CONCISE REPERTORY-ANALYSIS. By JOHN C. KING, M.D., CIRCLEVILLE, OHIO. Published by W. A. Chatterton & Co., Chicago.

The announcement some time ago of the forthcoming of this work aroused our curiosity to see the little object, conceived in Pittsburgh, but brought forth in Ohio.

We have a neat little work in a bright black dress trimmed with gold, and as full of valuable information as an "egg is full of meat."

The author in his preface gives in as brief a manner as possible, an account of the origin of this work, and with characteristic politeness, *thanks* the members of the Allegheny County Materia Medica Club for the use of the club's manuscript in the preparation of his book, which manuscript the club never gave him, or any one else, the privilege to use.

The head symptoms of one hundred and eighty-five remedies are given, together with a great mass of other symptoms

styled concomitants, the relationship of which to the head is in many cases very obscure; some of them being little else than queer symptoms.

Each remedy is introduced by a *Note*, which tells you the kind of persons the remedy is adapted to, the character of the headache, whether catarrhal, nervous, gastric, or what-not that it cures, and also, very frequently, the kind of pain.

Then follows the location, the direction, the character of the pains; then other head symptoms; aggravations, ameliorations, and lastly, the concomitant symptoms.

That there is a vast amount of repetition in the book becomes more and more apparent as we look through it.

The Repertory, or Repertory-Analysis as it is called, seems to be stretched out to the utmost limits. Under the heading "Peculiar Sensations," pp. 23 and 24, we find the following symptoms, each with its remedy or remedies: "Head feels too large;" "head feels as if it was enlarged to three times its size;" "head feels as if it was getting larger;" "head feels immensely large;" "head feels swollen;" "head feels distended." Why could not these all be put together as signifying one and the same thing, viz., a feeling of largeness in the head?

That there has been a considerable outlay of time and labor required to arrange the analysis, is very evident; and it would seem as if any head symptom that an afflicted mortal could possibly complain of, might be found in it.

The book would have been more highly valued by many, if the original plan of the *Materia Medica Club* had been carried out, to designate the degree in which a remedy is indicated, by using different type, as is done in a great many of our best works.

W. J. M.

THE HOMŒOPATHIC THERAPEUTICS OF UTERINE AND VAGINAL DISCHARGES. BY W. EGGERT, M.D. 16mo. Pages 544. Cloth. Price \$3.50. Boericke & Tafel, New York and Philadelphia, 1878. A Rejoinder to Dr. C. P. Seip's Criticism.

It may seem almost improper for us to criticize our critic, and we certainly should never have tried to do so, if his absurdities did not almost compel us to it. We feel loath to accuse the doctor of wilful perversion of truth, hence we will presume that he read our book with a superficiality unbecoming to a critic. If the doctor accuses us of having said or intimated that *all* uterine affections could be cured by medicine

alone, he did us wrong, for we well know that surgical aid is sometimes required, and we have expressed ourselves to this effect in other places ; but we aver that the large majority of all female disorders can be cured by medicine alone, and especially is this the case with dysmenorrhœa, menorrhagia, amenorrhœa, fluor albus, etc., and, if the doctor is pleased to accept such statements *cum grano salis*, we feel not at all surprised, for it could not be well otherwise with a homœopathist wedded to pathology at the expense of homœopathic Materia Medica.

Neither Hahnemann nor his followers have ever objected to hygienic measures, and disinfectants have to be classed amongst them ; and, if a homœopathician has refused to make use of them, he did wrong, and no blame could be attached to his colleague.

To say that women have often to suffer for weeks and months, not from "indolent and ignorant practitioners," but from medical bigotry, is an absurdity, and no practitioner of large practice and experience will sustain such an offhand assertion. We believe, though, by the experience of nearly thirty years, that the sufferings of our women from medical bigotry (with reference to homœopathy), are only very exceptional, and that these sufferings from "indolent and ignorant practitioners," not only last weeks and months, but years, and frequently a whole lifetime. If my critic accuses me of having left out the reference to pathology wilfully, he commits an error again, for when we referred to the study of anatomy, physiology, surgery, etc., he ought to know what "etc." implies. But if he asserts that we can never master our Materia Medica as we can the branches just referred to, we beg leave to differ. Anatomy, for instance, *can certainly not be mastered in all its minutiae*, in the course of two or three years ; and if it could be done, it would be only with the closest application. We advise him to apply the same earnest, close, persevering attention to the study of our Materia Medica, and my word for it, he will master it just as well. Such talk, empty as it is, is discouraging only to the student, and will do harm, if nothing else. Again, we are accused of an intention to restrict the *freedom of thought*, when we wrote to the contrary, by saying : "With freedom of thought we have *nothing to do* ; let every one think as he pleases, that hurts nobody." Again, our critic gets wild over a few symptoms, and is pleased to call them *nux absurda*. If he will take the trouble to read our book once more, he may become convinced of his shortcomings. The sentence, "lively and romantic girls falling in love easily" has not been introduced

as a symptom to be cured, but it has been embodied under the "Constitutional peculiarities," page 522, and means to say, that for such disposition certain remedies are especially adapted, if the symptoms pertaining to a disease otherwise point to it. Again, he made nonsense of our sentence, "decrease of sexual desire in widows," and he strangely asks, "Is this not natural when the stimulus has been removed?" *O sancta simplicitas!* Is it the body stimulus *only* that excites sexual desire? Has fancy, imagination, the memory of those whom she once loved, although now removed from her, nothing to do with it? Is not every practitioner who enjoys the full confidence of his patients, and has large practice amongst women, a living witness, that the excitement of sexual passion is the greatest torment of widowhood? If our critic can't bring forward better arguments against the symptoms we have gathered and classified, we have certainly all reason to congratulate ourselves. We advise him to read a little more, and analyze the symptoms given a little better, and he will also find that the fullest consideration has been given to all *reliable* symptoms emanating from pathological conditions; we have endeavored to embrace all objective and subjective symptoms; and if they are too numerous for him, we can give him the assurance that from all quarters the cry comes, "Give us more of them!"

W. EGGERT.

GENERAL SURGICAL PATHOLOGY AND THERAPEUTICS. BY DR. THEODORE BILLROTH, Professor of Surgery in Vienna. Translated by Charles E. Hackley, A.M., M.D., etc. New York, 1879. Published by D. Appleton & Co., 549 and 551 Broadway.

This excellent work of 774 pages, beautifully printed and handsomely illustrated, is a revised translation from the eighth and recent German edition, and has been brought fully up to the times. The microscopical advances of late years have been considered in their connection with tissue metamorphosis, and important chapters added, making seventy-four more pages than in the last edition.

Prof. Billroth is one of the most celebrated authorities on surgical pathology, and he gives in this work a complete *résumé* of that branch of science. It is sufficient evidence of the merit of this work to know that it has been translated into English, French, Italian, Russian, Hungarian, and Japanese.

There are fifty-one lectures instead of chapters, and the subjects are arranged just as a student would like them, from

general to special, from simple to profound. The headings of the first lecture are sufficiently suggestive to stir up a homœopathician: Relation of Surgery to Internal Medication; Necessity of the Practicing Physician being acquainted with both; Historical Remarks, etc. These lectures present the principles of the science and art of surgery, as well as of pathology, and are a rich mine of knowledge. Prof. James R. Wood once said in a Bellevue Hospital clinic, "Every student should sleep with a copy of Sir James Paget's *Surgical Pathology* under his pillow." Now Germany is the *Vaterland* of pathology, and, as Paget's work is not up to the times, has become musty and rusty, this modern miracle of the latest dodges should take the place of its somniferous rival. Homœopaths are waking up to the importance of pathological studies, and they can find in this work substantial foundations for rational symptomatology. The style and execution of the work are all that could be desired.—Ed.

LECTURES ON BRIGHT'S DISEASE OF THE KIDNEYS. Delivered at the School of Medicine of Paris. By Prof. J. M. Charcot, Paris, France; collected and published by Drs. Bourneville and Sevestre. Translated by H. B. Millard, A.M., M.D., and published here by William Wood & Co., New York, 1878. Pages 100, 12mo., cloth. Price —

Our enterprising New York firm is doing a commendable work in bringing these excellent translations of standard European authors before the English-reading profession. We can't all read French and German, and these volumes upon subjects of paramount interest to the busy man, are just dressed up in clean English for his delectation, when he is nodding near a "bed of misery," or bouncing about in his buggy.

Bright's disease is getting to be fearfully prevalent in the United States. The great activity of muscle and brain, so characteristic of Americans, and the excessive use of animal food to which they are addicted, to say nothing of the beverages, cause a sewage of salts through the kidneys, which irritates and finally causes organic disease. This monograph by Charcot is fully up to the times in its histology and pathology, and there are numerous and beautiful plates illustrating the kidney in health and disease.

As an exponent of French practice, the book is useful; but to our school its main value lies in its graphic pathology, into which our better men are plunging with eager thirst for science. It will no doubt have a heavy sale.—Ed.

Gleanings.

SANTONINE POISONING (*L'Art Medical*, January, 1879.)

1. A child of four years took 20 centigrams of Santonine. Soon after it felt unwell, complained of painful epigastric pressure and colic, vomiting and diarrhœa followed. The body was cold, the face sunken, the eyes surrounded by a bluish circle, and the whole skin covered with sweat; the respiration became embarrassed, and convulsions of extremities and excessive dilatation of the pupils supervened.

2. A child of three years swallowed in half an hour 125 milligrams of Santonine in pastilles. Perfect unconsciousness after three-quarters of an hour. Head hot, face bloated and violet, eyes roll convulsively in their orbits, pupils enormously dilated and insensible to light, foam before the mouth, and the jaws drawn together; respiration, snoring, and convulsions of extremities. Well next day.

3. A child of five years took 18 centigrams of Santonine. Abundant vomiting, nettlerash.

4. A child of hardly two years took 7 centigrams of Santonine: general malaise, dysuria, subicteric color of skin, vomiting, cramps, convulsions, followed by prostration, insensibility, copious cold sweat, ischuria, tympanitis, urine of a dark color, enormous dilatation of pupils. Active treatment saved its life, but it suffered for awhile from a light stomatitis ulcerosa.

5. A child of four and a half years swallowed hastily 12 pastilles containing $2\frac{1}{2}$ centigrams of Santonine in each pastille. After two hours, deep unconsciousness, eyes immovable and injected, pupils widely dilated and insensible to light, lips red and swollen, limbs flaccid, respiration stertorous and broken, pulse slow and small, skin cold and viscous. Incontinence of urine, which drops out guttatim, and is of a deep-orange color, becoming blood red by admixture of azotic acid. During the crisis the child saw everything yellow.

6. Two tablets of Santonine, and containing 25 milligrams, were given to a child. After ten hours, slight convulsions in left half of face; clonic spasms of left upper extremity; voice hoarse and trembling. An hour afterwards another convulsion over whole left side of body; the convulsions then became general, attacking also the thoracic and abdominal muscles. Respiration was nearly suspended; pupils widely dilated, but pulse calm. Artificial respiration and vinegar-injections applied were followed by vomiting and involuntary stools. Even after five days the child showed yet some slight convulsive action.

Binz's experiments on animals with the Santonate of soda gave analogous results to those observed in poisoning. He observed in the frog such a considerable depression that, when the animal was laid on its back, it did not attempt to turn over. After awhile spasms of the extremities and of the trunk, spontaneous or after contact.

In hot-blooded animals one observes at first a state of depression; then the animal is suddenly taken with trembling; it erects its ears, grinds the teeth; spasms occur on one side of the face; the eyes turn

in their orbits; the head keeps rolling about; general convulsions follow in the extremities and trunk. According to the doses, the effect is shorter or longer. The Santonate of soda affects clearly the pupils; it reduces the temperature.

As a résumé of poisoning we might, therefore, conclude:

In regard to the digestive apparatus, we note nausea, vomiting, dryness of tongue, colic, diarrhoea, and often notable anorexia. The circulation is generally affected, and the pulse slowed; the temperature falls, according to Binz, even to 29° in some animals. In man considerable refrigeration is manifested; the respiration is often embarrassed, stertorous, slow, difficult. Vision is always affected, from a special dyschromatopsy, so that one sees colored objects yellow, red ones orange or greenish; pupils mostly very dilated, and insensible to light. The nervous system is greatly affected: depression, general malaise, sleeplessness, frontal headache, disgust for work, stupor. Larger doses cause trembling, intermittent convulsive paroxysms from epileptoid states to opisthotonos; the spasms begin in the face, become general, and finally coma appears, with muscular relaxation, complete unconsciousness, involuntary micturition and defecation; dysuria, ischuria, polyuria, and hæmaturia were observed. Very large doses caused nettlerash and erythema, especially in the face and lips, and profuse sweating.—S. L.

MAINE, February, 1879.

TREATMENT OF DIPHTHERIA.—DEAR DOCTOR: In regard to diphtheria, I have had many very hard cases this winter, and find that when the disease commences with high fever, *Bell.* 1x dil. will often check it. When patches form, if worse on the left side, *Lachesis* 9x, or *Merc. protiodide* 2x. If the throat swells full, the tonsils large, and patient very hoarse, indicating that the membrane has attacked the larynx, I use the *Merc. cyanide* 3x.

Cured one bad case with *Apis* 3x dil., some that I made myself. In this case the uvula was much swollen, and hung down like a bag of water.

Arum triph., 6th dil., cured bad case when patient picked lips and nose until bloody, and there was an excoriating discharge from the nose. It is here much better than *Nitric acid*.

I sometimes alternate *Bell.* and *Merc. cyanide*, or *Lachesis* and *Merc. protiodide*, with the best results; but when the symptoms are well marked I never alternate.

These remedies are all that ever saved those fearful malignant cases for me.

Give plenty of nourishment, as the white of eggs and milk, and if the patient is much prostrated, add a little brandy; use as a gargle *dilute alcohol*.

Yours,
C. M. F.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.—The sixth annual commencement of the Boston University School of Medicine was celebrated at Tremont Temple, on Wednesday, March 5th, 1879.

The Temple platform was beautifully adorned by fragrant hot-house flowers and rare plants and exotics. Large pots of azaleas, delicate in white and crimson bloom, made a lovely border to the platform; the speaker's desk was wreathed with smilax, and min-

gled with it were half-opened rosebuds and brilliant carnations. On either side were rustic baskets filled with riotous blooming trumpet-flowers, and at the entrance a pyramid of flowers formed by bouquets, which were to be presented to each of the graduates. At the back of the platform, on either side of the organ, were two shields composed of white carnations wreathed with smilax; in the centre of one was the letter "U," and in the other "1879," in scarlet carnations. The faculty occupied the platform, and the graduating class two rows of seats directly in front, while the Germania Band was stationed just below the platform. There was a concert by the band, from half-past two until three, while the audience was gathering.

Promptly at the appointed hour, three o'clock, the President of the University, the Rev. William F. Warren, D.D., LL.D.; the Dean, I. T. Talbot, M.D.; and the faculty of the school, invited guests, and several of the alumni, entered, and were escorted to seats upon the stage. After an invocation by the Rev. M. J. Savage, Dr. Talbot made the annual address.

Dr. Talbot's Address.—In behalf of the faculty of the school, he desired to present to the authorities of Boston University, the thirty-five pupils, twenty-five men and ten women, who sat before him as candidates for the degree of Doctor of Medicine with all the rights and privileges which it confers. With but two exceptions, the students who were to graduate had completed three, and some of them four, years of study in the university. Their written examinations had proved very satisfactory, the average per cent. being 84, two students attaining 95 per cent., or 25 above the figures necessary to pass. The aim of the faculty had been to give a thorough course in every department of medical study. A distinguishing feature of the institution was that an entrance examination is required of all not Bachelors of Arts, a barrier to the increase of ignorant doctors, the good results of which were already visible. A regular graded course of study has been adopted; each year has its own work. At the end of the fifth year it was thought advisable to improve the school by a thorough reorganization of the faculty and curriculum; this was done, and the change had been more than justified by the experience of the year now ending. The term of study had been increased by the addition of a year of post-graduate study.

He referred to the recent troubles which certain papers had reported, but which were entirely from the outside, and which the students neither encouraged nor sympathized with, and paid a very well-deserved tribute to the attitude which they all took during the short existence of the threatening dissatisfaction.

The strongest claim of the school to support, lay in the fact that its therapeutic teaching was founded on a law of cure which had only been understood since the beginning of the present century. No science or art had made such a complete revolution in the nineteenth century as medicine.

Dr. Talbot then reviewed the history of Hahnemann's discoveries and their developments. There are now, he said, nearly one hundred homœopathic physicians in Boston, and about one thousand in New England, and if this class to-day numbered one thousand instead of thirty-five, each of its members would find employment. Eleven homœopathic medical schools and eighty homœopathic societies were now in existence in the United States. In Boston, last year, over 13,000 sick were treated in the Homœopathic Dispensary.

He was very severe on the city authorities for debarring homœopaths from the City Hospital, citing with approbation the great hospital on Ward's Island, New York, where homœopathic treatment is in vogue. New York, also, had placed one of its insane hospitals under homœopathic care.

After referring to the efficacy of Aconite in cases of yellow fever, as demonstrated last summer, he said Hahnemann, eighty years ago, discovered and published to the profession the great virtues of Aconite administered in small doses, since which time thousands of persons have borne testimony to its efficacy. And now we read with refreshing assurance, in allopathic journals, of the discovery by allopathic physicians of the virtues of Aconite in small doses to allay fever. And in a textbook just issued, is this statement: "The virtues of Aconite are only beginning to be appreciated, but the author ventures to predict that ere long it will be extensively employed."

He closed by saying that it was not difficult to account for the establishment of the Boston University School of Medicine, or for its success, or for the success of its alumni.

Salutatory.—Miss Clara E. Aldrich, of South Framingham, then delivered the salutatory, in which she spoke of the ignorance and obstinacy against which homœopaths have to contend, and urged her brother graduates to carry high the snow-white standard on which the inscriptions were "*Similia Similibus Curantur*" and "*In Hoc Signo Vinces*." The young lady's pithy sentences and anecdotes evoked frequent applause, and at the close of her reading she was overwhelmed with floral gifts.

Conferring of Degrees.—President Warren then conferred the degrees on the members of the class. As each gentleman or lady ascended the steps to the stage, he or she was handed a bouquet from the faculty, and after the diploma had been bestowed by the President, and as the newly-fledged M.D. was quitting the stage by the other stairway, each graduate was the recipient of other floral tributes from friends, in the way of elaborate bouquets, floral baskets, and other appropriate designs. As each name was called in a loud and clear voice, a round of applause showed the popularity of the student.

Valedictories.—The valedictory from the class was given by John Preston Sutherland, of Boston, and was a manly well-written address, full of lofty sentiment and practical counsel. The response, on behalf of the faculty, was made by Professor Mary J. Safford Blake. She set forth the duties of the physician, his moral as well as his physical labors, and spoke of the care and discretion that need to be exercised in every direction. Her words were listened to with the closest attention, not only by the class but by all in attendance, for there was that in their practical common sense and strong enthusiasm which made everybody listen and acknowledge the truth of her words. A benediction by the Rev. Dr. Clarke concluded the exercises, which were varied by occasional music by the Germania Band.

List of Graduates of the Class of 1879.—Clara Elizabeth Aldrich, South Framingham; Francis Lester Babcock, East Dedham; Judson Lee Beck, Boston; Ada Bingham, Monroe, Wis.; James Edward Blaisdell, Chelsea; Edward Alison Butler, Haverhill; Adaline Barnard Church, Winchester; Laura Worthington Copp, Chelsea; Jane Kendrick Culver, Boston; Maria Louisa Cum-

mings, Boston; Edward Harvey Ellis, Rockville; Clement Howard Hallowell, Bangor, Me.; Webster Oliver Hardy, Nelson, N. H.; Francis Wayland Hartwell, New Marlborough; Henry Jefferson Hascall, West Medford; Manuel Scott Holmes, West Waterville, Me.; *Freeland David Leslie, East Boston; Anna Mary Marshall, Philadelphia, Pa.; Nelson Cobleigh Parker, Newtonville; Luman Boyden Parkhurst, Hopkinton; John Howard Payne, Bath, Me.; *George Emery Percy, Bath, Me.; Robert Ernest Pierce, Melrose; Charles Sumner Pratt, Shrewsbury; *Frank Chase Richardson, Boston; Oscar Waldo Roberts, St. Albans, Vt.; Charles Rufus Rogers, East Wareham; Clara Hannah Rogers, Fort Atkinson, Ia.; Orren Burnham Sanders, Boston; Charles Samuel Sargent, Boston; Herbert Elwyn Small, Boston; *Edmund Burnard Squire, Boston; John Preston Sutherland, Boston; Carrie Helen West, Winchester; Sarah Elizabeth Wilder, Andover.—*Com.*

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.—The twentieth annual commencement of the St. Louis College was held at the college building, February 27th. The exercises included the awarding of diplomas and prizes to the graduating class. A large number of visitors were in attendance.

While the orchestra rendered Auber's "Fra Diavolo," the members of the faculty took their seats upon the platform. The Right Rev. Bishop C. F. Robertson, D.D., was then introduced. He delivered a prayer. After some more music, Mr. Lawrence E. Whitney, the valedictorian of the graduating class, stepped forward. He gave a history of homœopathy, telling how it had advanced in popular favor since the commencement of its practice, just eighty-three years ago. He said it was not for fame nor money that he and his fellows had begun the study of medicine, but it was because of their desire to do good. He predicted a glowing future for homœopathy, and then, addressing himself particularly to his companions, said that he hoped they would accept as their motto, "Higher, still higher." He thanked his teachers for their kindness and painstaking, and saying that all would again meet at the throne of the Great Physician, bade his friends farewell. Towards the end he became visibly affected. He was loudly cheered, and a great many bouquets were sent to him.

Dr. C. W. Spaulding, M.D., President of the Board of Trustees, then called the *graduating class*, consisting of J. P. Barrenburgh, of Smithton, Mo.; Miss Susette Dunlevy, of Louisville, Ky.; F. K. Dabney, Avonia, Ia.; J. N. Du Bois, Newburgh, Ind.; F. K. Goodman, Buchanan, Ark.; H. L. Poulson, Council Bluffs, Ia.; W. H. Steele, Boonville, Mo.; A. H. Schott, Alton, Ill.; L. E. Whitney, Lincoln, Mo.; John Weaver, Canton, Ill.; Ed. W. Dewees, Mrs. M. B. Pearman, Mrs. E. A. Scott, P. A. Terry, C. E. Tennant, and E. R. Wingate, of St. Louis.

There were seventeen, out of a class of eighteen applicants, that passed.

Dr. Spaulding distributed the diplomas, saying: "In behalf of the Board of Trustees and by virtue of the power of law conferred upon this college, I now confer upon each of you the degree of Doctor of Medicine."

* Diploma will be conferred when the candidate attains the age of twenty-one years.

Dr. T. G. Comstock, of the Good Samaritan Hospital, said that he desired to give to certain members of the class certificates of their attendance at the clinic of the Good Samaritan Hospital. Messrs. W. B. Morgan, J. N. Du Bois, H. L. Poulson, E. R. Wingate, L. E. Whitney, Francis K. Dabney, and Mrs. M. B. Pearman received the certificates. Dr. Comstock said he did not want his auditors to think that those on whom he conferred the certificates must stop attending lectures. His idea was directly the opposite. The certificates were merely for ornament; the ladies and gentlemen could hang them up in their offices.

Dr. Spaulding then conferred an honorary degree upon Dr. J. P. Dake, of Nashville, Tenn., by giving him another degree of Doctor of Medicine.

The Prizes.—Prof. J. D. Foulon now presented the prizes which had been awarded to some members of the class for excellence. He gave a history of the prizes in a humorous way that frequently provoked laughter, telling Mrs. Pearman that a census would be taken next year, and begging her to stay among us that we may not be beaten by Chicago. He awarded the prizes as follows: For the best and next best knowledge of *Materia Medica*, first prize, the Eccle gold medal, to E. R. Wingate; second prize, two copies of Dunham's "*Materia Medica*," to L. E. Whitney; for the best theoretical and practical knowledge, the Valentine silver medal was given to L. E. Whitney; for the best knowledge of diseases of the spine, the Kershaw medal was awarded to J. N. Du Bois; the obstetrical prize, a pair of Comstock's forceps, was handed to Mrs. M. B. Pearman.

Dr. Spaulding announced a meeting of the alumni after the exercises of the commencement were over, and asked all of the newly-fledged medicos to become members of the association.

Prof. J. Martine Kershaw, M.D., delivered the valedictory on the part of the faculty. He said that individual labor alone produced good. He did not want any of the graduates to lean upon any one for support. Young physicians expect to be made protégés of by old doctors, but the milk of human kindness is not so fluid that it disseminates all over the sphere. Therefore, keep away from these good old doctors, for in this part of the country there are no physicians who have more work than they can attend to.

He would like his auditors to write their experience and to send it to medical journals if they made any great discoveries, or invented any instrument that could be used in the practice of medicine or surgery, and thus allow others to gain the benefit of their knowledge. He informed them that they had better practice without soliciting the advice of old ladies with "yarbs" and roots and tea, and old men who potter about the kitchen and believe that all ailments are caused by biliousness. Such persons ought to be informed in a gentlemanly way that poultices and so forth, were very good, but could not be used at all times. And said he, if they persist in having the attendant do as they wish, they should be told that they know nothing about medicine.

He believed that the physician should, when he first visited a patient, inform him of the true status of the case.

The speaker said that diseases did not succumb to the skill of the physician so quickly as is stated in the novels where physicians are the heroes; and gratitude was not so plentiful as novelists state.

Some persons start out in life with strong mental and physical faculties, but great emotion causes their minds or bodies to become impaired. Such persons Prof. Kershaw was sure could be benefited more by friendly advice and sympathy than by physic.

At the conclusion of his address a handsome floral tribute was sent to him by some one in the audience. When the musicians had produced Schubert's concerto, the benediction was pronounced by Bishop Robertson, and the audience dispersed.—*Com.*

STATE UNIVERSITY OF IOWA, HOMŒOPATHIC MEDICAL DEPARTMENT.—The closing exercises of the winter session took place, February 27th. Out of a class of thirty-two, the following were graduated: Sheldon F. Davis, Iowa; R. C. Newell, Illinois, Valedictorian; James A. Thompson, Iowa.

The annual address was delivered by Prof. Cowperthwaite, who entertained a large audience, mostly allopathic students, with an exhaustive *résumé* of the theories of Hahnemann, especially the doctrines of potentization, and the single remedy. In the evening, Prof. Cowperthwaite held a public reception at his residence, which was largely attended.—*Com.*

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.—Our commencement took place, March 12th, and was a very brilliant and enjoyable affair. The worth and beauty of the metropolis were present to do us honor. Our number is not so large as we had anticipated. Our graduating class numbered over fifty. Several voluntarily signified their desire to attend another course of lectures, which, of course, they can do free of expense. Forty-eight students appeared for examination. Of this number, eleven were required to appear a second time before the Faculty for examination. Of this number, eight were finally rejected, which has brought our graduating class down to forty; but every one of these men has passed a thorough, searching, and satisfactory examination. Our Board of Censors, who only examine candidates who have passed the Faculty, complimented them by saying, it was the finest class they had ever examined. The Faculty Prize, a valuable microscope, or \$100 in gold, was carried off by E. V. Moffat, who took the Wales Junior Prize last year.

List of Graduates.—Blauvelt, H. G. (A.B.), New York, N. Y.; Brewster, F. D., Montrose, Pa.; Banker, P. A., Cranford, N. J.; Benedict, F. L., Kent, Ct.; Brownell, W. G., Rochester, N. Y.; Candee, J. W., Syracuse, N. Y.; Cole, A. B., Hermon, N. Y.; Decker, W. M., Margaretville, N. Y.; Ellis, Col. J. H., Elkhart, Ind.; Grant, R. C., Auburn, N. Y.; Franklin, E. D., N. Collins, N. Y.; Goodell, J. F., New York, N. Y.; Howe, J. M., New York, N. Y.; Haight, A. M., Bedford, N. Y.; Hofmann, C. H. (M.D.), Pittsburgh, Pa.; Ingersoll, W. K., Canton, Ills.; Kinney, C. S., Suffield, Ct.; Leal, M., Cortland, N. Y.; Lloyd, A. H., Boston, Mass.; Lockwood, H. L., Jersey City, N. J.; Moffat, E. V., Brooklyn, N. Y.; Martin, R. A., Philadelphia, Pa.; Morgan, G. S., New London, Ct.; Mead, B. E., Port Byron, N. Y.; Northup, E. S., Bloomfield, N. J.; Nunamaker, T. L., Holton, Kans.; Pettit, W. M., Lockport, N. Y.; Swift, E. M., New York, N. Y.; Tinker, C. A., Mystic Bridge, Ct.; Vincent, L. H., Freehold, N. Y.; Turner, T. S., Mechanic Falls, Me.; Vansant, J. T., Flemingsburg, Ky.; Vehslage, S., New York, N. Y.; Vreeland, F. D., Pat-

erson, N. J. ; Wood, L. F., Mystic River, Ct. ; Whitmarsh, H. A., Providence, R. I. ; White, W. S., New York, N. Y. ; Brown, L. S., Petrolia, Pa. ; Davis, G. R., Cincinnati, O. ; Everitt, E., Modena, N. Y.

We shall give more particulars of the social features of the occasion next number.—*Com.*

HAHNEMANN MEDICAL COLLEGE AND HOSPITAL OF CHICAGO. —This institution held its commencement exercises, February 27th. Prof. A. E. Small delivered a short Presidential address. Prof. R. Ludlam, Dean of the Faculty, presented his annual report. He said, "Without exception every lecture engagement has been kept, and not a day has passed without its *clinic*. . . . The number of students in actual attendance, during the winter term just closed, was 197, of which 162 were men, and 35 were women. . . . Within the last three years there has been an increase of more than one hundred per cent. in the size of the class."

Prof. T. S. Hoyne gave the valedictory, which was instructive, earnest, and interesting. *Inter alia*, he said, "Homœopathy is based on scientific principles capable of actual demonstration, but the untutored savage and the prejudiced observer will not yet admit its truth. . . . Our house is built upon the rock of truth, and not upon the shifting sands of error. . . . The patron of homœopathy is not as liable to frequent attacks of sickness, as the patron of other schools, who is a walking medicine chest, a sort of receptacle for all kinds of compounds, new and old. . . . Many of you have burned the midnight oil in your earnest search for knowledge, and remember that the lamp must still burn, if you would keep pace with the rapid advancement of science. . . . Homœopathy has fallen into disrepute only where incompetent persons have attempted to practice it, or when palliatives and sudorifics of old physic have been combined with it. See to it that it is popular in your neighborhood. Let your motto, and your only motto, be: 'Never sacrifice principle for gold.'"

List of Graduates.—Achenback, John G., Wisconsin ; Ahmanson, John, Nebraska ; Allen, Wilson Adolphus, Minnesota ; Bailey Geo. L. (M.S.), Michigan ; Baker, Marcus Y., Iowa ; Barker, W. A., Illinois ; Barrett, James W., Wyoming ; Beebe, Ellen Olds, Illinois ; Bradley, Ernest W., Wisconsin ; Briggs, Warren S. (B.S.), Wisconsin ; Cole, E. Z., Iowa ; Coleman, Isaac N., Jr., Michigan ; Crandall, Caspar L., Wisconsin ; Denninger, P. G., Minnesota ; Eaton, Charles W., Iowa ; Edens, George, Illinois ; Fanning, W. H., Michigan ; Fitch, H. P., Canada ; French, Sumner C., Wisconsin ; Gannon, S. E. H. (M.D.), *ad eund.*, Iowa ; Geiger, Charles E., Oregon ; Gerlach, Emma, Illinois ; Gifford, Alden, New York ; Greene, George C., Wisconsin ; Gwynne, Evan Edmiston, New York ; Harris, Helen S., Wisconsin ; Harris, Sarah C., Illinois ; Heath, J. DeWitt, Iowa ; Heath, John William, Indiana ; Hood, Seymour C., Wisconsin ; Hinz, F. M., Wisconsin ; Hoyt, Osmond Nason, Iowa ; Jerald, Daniel C., Iowa ; Johnson, Solomon D., Wisconsin ; Lance, Robert W., Vermont ; Livermore, David L., Iowa ; Macomber, Mrs. Fidele Gray, New Jersey ; Marsh, H. W., Michigan ; Marvin, L. D., Michigan ; McIntire, Marshall C., Kentucky ; McNamara, Francis E., Wisconsin ; Ogden, Edwy Clinton, Illinois ; Parker, E. H., Wisconsin ; Parmely, John P., Wisconsin ; Patchen, Daniel H., New York ; Pillsbury, Cassius C., Wisconsin ; Robinson, J. B., W. Virginia ;

Richards, George E., Illinois; Russell, Gardner J., New York; Sanders, Addison E., Oregon; Santway, Fred. L., New York; Sears, Charles Sumner, Michigan; Smith, Franklin B., *ad eund.*, Michigan; Spaulding, S. Martin, Minnesota; Spreng, T. F. H., Pennsylvania; Taylor, Byron, Wisconsin; Todd, L. W., Jr., Minnesota; Tucker, John C., Jr., Minnesota; Voice, Thomas, Colorado; Washington, Mrs. Lucy, Wisconsin; Weeks, Mary Pearce, Illinois; Whidden, J. W., N. Hampshire; Wilson, William Fletcher, Iowa; Whippy, W. A., *ad eund.*, Indiana; Woods, D. L. (M.D.), Illinois.—ED.

PULTE MEDICAL COLLEGE.—Music; prayer; introductory by the Dean; music; an address; more music; presentation of prizes and certificates; music; conferring Society diplomas; music; valedictory by Dr. Blackburn; conferring of degrees by the Hon. J. E. Bell; benediction and more music. Such was the order of exercises February 26th. The bolus must now be swallowed by scattered settlements.

List of Graduates.—Ayer, Chapman, Ohio; Bernard, Geo. W., Ohio; Blackburn, G. E., Ark.; Beckner, J. F., Ind.; Burris, Levi, Ind.; Chase, E. F., Mich.; Crawford, J. M., Ohio; Connell, R. D., Ohio; Dickey, F. J., Ill.; Downey, F. E., Ill.; Emrey, W. C., Ohio; Flynn, J. C., Ohio; Fristoe, E. L., Ohio; Gilbert, C. H., Ohio; Hubbs, O. A., Ohio; Huss, J. R., Ohio; Haffner, W. M., Ohio; Hoyt, Chas., Ohio; Jackson, S. H., Mass.; Lindley, P. H., Mich.; Lukins, C. M., Ohio; Loy (A.M.), Elmer E., Ohio; Ross, Geo. A., Ohio; Smith, A. G., Ind.; Strobe, J. T., Ohio; Studebaker, J. E., Ohio; Smith, A. C., Iowa; Shorb, A. S., Cal.; Thompson, Eben, Mass.; Whistler, L. M., Md.; Williamson, W. P., Ohio; Williamson, A. C., Ohio.

For further particulars address Dr. T. P. Wilson, Cincinnati, Ohio, who has this institution and the *Medical Advance* especially under his rose-bush.—ED.

UNIVERSITY OF MICHIGAN, HOMOEOPATHIC MEDICAL DEPARTMENT.—There was a public commencement March 26th, at which twenty-five students graduated. We hope to give a list of them in next number. This was the last commencement of the old régime; hereafter, they will take place only after the full term of nine months' study, and will occur in June. The faculty has organized a "post-graduate course" for practitioners, to begin April 1st. It is designed for all those who desire a thoroughly practical course and the culture in collateral branches, which this institution affords so lavishly. This course will end the last of June, and the matriculates will receive official certificates of attendance upon the lectures. Other than graduates attending will have the time spent included in the year's study.—*Com.*

THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—The thirty-first annual commencement was held, March 10th, at the Academy of Music, in the presence of a large and brilliant audience, which filled the interior of the large building to its utmost capacity. The front of the stage was lined with fresh-cut flowers, the gifts of friends to the graduates, and presented a magnificent appearance.

After the performance of several selections by Strauss, Wagner, and Suppe, by an efficient orchestra under the leadership of Mr. George Bastert, the exercises commenced by the entrance upon the

stage of the trustees and members of the faculty connected with the college, the graduates, and a large number of invited guests, who took seats, the graduates being assigned to the right.

The exercises were opened with prayer by Rev. Chas. H. Tucker.

The valedictory address was delivered by Prof. Pemberton Dudley.

The degree of the college was then conferred upon the graduating class.

The prizes were awarded as follows:

First (gold medal), to John L. Ferson, of Pittsburgh, Pa.

Second (silver medal), to J. Robert Mansfield, of Philadelphia.

Third (bronze medal), to Willard B. Carpenter, of Washington C. H., Ohio.

The graduates were then presented with bouquets, which were sent to them by their friends.

The exercises concluded with a benediction, and then the audience separated.

List of Graduates.—Clarence G. Abbott, Woodbury, N. J.; Clarence Bartlett, Philadelphia, Pa.; Archibald Bayne, Bridgetown, Barbadoes; Edward W. Brown, Washington C. H., Ohio; Francis Buchman, Wilmington, Del.; Harry M. Bunting, Philadelphia, Pa.; Willard B. Carpenter, Washington C. H., Ohio; Frank F. Casseday, Chicago, Ill.; John P. Cheesman, Camden, N. J.; Theodore F. Conover, Philadelphia, Pa.; John Cooper, Allegheny City, Pa.; Wm. L. Craddock, Philadelphia, Pa.; Arthur M. Eastman, Minneapolis, Minn.; Mark Edgerton, St. Paul, Minn.; John L. Ferson, Pittsburgh, Pa.; James G. Fickel, Latimore, Pa.; Lemuel E. Finch, Warren Tavern, Pa.; William H. Gardiner, Philadelphia, Pa.; Wilfred Gerhart, Lewisburgh, Pa.; Samuel T. Gilbert, Philadelphia, Pa.; *Manuel G. Gonzalez, Havana, Cuba; E. Hadley Green (M.D.), Charlotte, N. C.; *H. Henry Groth, Philadelphia, Pa.; Joseph M. Hartranft, Pennsgrove, N. J.; Walter E. Harvey, Anson, Me.; F. Pierce Hoy, Bellefonte, Pa.; Horace F. Ivins, Bristol, Pa.; Russell B. Kirby, Philadelphia, Pa.; John S. Kistler, Minersville, Pa.; George M. Lamb, Troy, N. Y.; William E. Leonard, Minneapolis, Minn.; J. Robert Mansfield, Philadelphia, Pa.; Robert D. Matchan, Zumbrota, Minn.; John B. McClelland, Pittsburgh, Pa.; Andrew L. Monroe, Louisville, Ky.; Byron D. Mosher, Hart's Falls, N. Y.; Frederick D. Mount, Philadelphia, Pa.; Sheppard A. Mullen, West Chester, Pa.; William Peacock, Philadelphia, Pa.; William C. Powell, Jr., Philadelphia, Pa.; Ferris T. Price, Philadelphia, Pa.; *Max. J. Reinhold, Williamsport, Pa.; N. Henley Reddick, Norfolk, Va.; J. Harmer Rile, Wilmington, Del.; Nelson C. Scudder, Rome, N. Y.; Samuel F. Shannon, Pittsburgh, Pa.; Parker D. Shemp, Philadelphia, Pa.; Marshall C. Slocum, Lancaster, Ohio; Henry L. Stambach, Philadelphia, Pa.; J. Wilmer Strong, Philadelphia, Pa.; J. Ross Swartz, McVeytown, Pa.; James D. Tantum, M.D., Trenton, N. J.; J. Sperry Thomas, Philadelphia, Pa.; J. Marshall Thompson, Providence, R. I.; Eli Tullis, Camden, N. J.; William B. Turner, M.D., Still Pond, Md.; Clark H. Twinn, Akron, N. Y.; Chandler, Weaver, Shoemakertown, Pa.; Frank P. Webster, M.D., Norfolk, Va.; F. E. Williams, M.D., Haddonfield, N. J.; Abram F. Zeigenfuss, Weissport, Pa.

* Absent by permission of the faculty and represented.

In this class of sixty-one, twenty-one students received an average of over 95, entitling them to the standard "*Distinguished*."

A grand banquet was given by the graduating class to the faculty, the previous Monday, at the Continental Hotel.

The following sentiments were given: "Samuel Hahnemann;" "Our Alma Mater;" "The Twelve Hundred Alumni;" "Our Dean, Teacher of Anatomy for Twenty-five Years;" "The Graduating Class of '79;" "Homœopathy a Progressive Science;" "The Hahnemann Institute;" "C. Hering, the Nestor of Homœopathy;" "The Ladies;" "The Faculty." It was a very brilliant and enjoyable affair, and will long be remembered by those who were present.—*Com.*

CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE.—The commencement of this medical school was held March 12th, in the Euclid Avenue Methodist Church, and there was a large attendance of the friends of the graduates, and those interested in the institution. The exercises were opened by prayer by Rev. J. J. A. Morgan; Prof. N. Schneider then introduced the speaker of the evening, B. A. Hinsdale, Esq., President of Hiram College, who delivered an excellent address upon "The Division of Labor." After the delivery of the oration, Judge Barber, in behalf of the Board of Trustees, made an appropriate speech, in which he impressed upon the graduates the fact that they were now only qualified to begin the study of life, and urged them to seek for an increase of knowledge each day. He then conferred the degree of Doctor of Medicine upon twenty-four young men and women.

List of Graduates.—Bartell, R., Covert, J. W., Clausen, D. W., Dale, J. S., Daily, J. W., Emery, C. V., Fisher, Miss C. H., Hershey, J. B., Jr., Hunt, M. P., Kortz, Mrs. M. E., Morgan, J. J. A., Pomeroy, H., Pringle, G. W., Putnam, F. B., Putnam, W. B., Palmer, W. H., Spence, F. H., Sutton (M.D.), J. G., Southall, E. W., Saxton, A. W., Salls, A., Thompson, W. S., Warner, E. D., Williams, C. L.

Diploma and Prizes.—After the presentation of diplomas, a diploma of honor was conferred upon Dr. H. Pomeroy, with a pleasing address, by a member of the faculty. As a second prize, Prof. J. C. Saunders, with a poetic description of the fortunate man, presented a full set of surgical instruments, worth \$50, to Dr. C. V. Emery, and the clinical prize was awarded to J. A. Stevens. In addition to these regular prizes, Mr. R. L. Hanks was presented with two volumes on medical science. The new doctors were made the recipients of numerous handsome bouquets by friends and admirers in the audience. At the conclusion of the foregoing exercises the benediction was pronounced, and the commencement came to a close.

The number of matriculates this year was largely in excess of previous years. The annual meeting of the alumni was held March 11th, in the college building. Interesting papers and a poem were read, important matters concerning the institution were discussed, and a very pleasant reunion terminated by a banquet in the evening.

The beautiful and commodious hospital, which has just been completed, will prove of inestimable value to the community by its benevolence, and to students by its clinical facilities.

The faculty of the college are going to improve their standard of medical education by requiring a preliminary examination in all the common branches of an English education, and the elements of philosophy; and will no longer depend entirely upon recommendations from preceptors. They have already lengthened their term of lectures. These requirements promise a higher position for the institution among medical colleges, and insure better material for the profession of the future. With such distinguished scientists as the Professor of Histology and Microscopy, and other well-qualified and competent teachers, the school may look forward to a brilliant and successful future. I feel certain it would not be overdrawn, when I say further, that the junior and freshman class of students show qualifications which are to be admired by all, and of which the college should justly feel proud.—DR. R. V. PITCAIRN.

[WE were unable to get any notes directly from the college staff, owing, we suppose, to exhaustion resulting from the winter's work; so we had made up an imperfect report from the statements of friends, from rumor, and the gossip of ubiquitous tramps, which, fortunately for the college, we were not obliged to use, owing to the prompt interest of Dr. Pitcairn.—ED.]

THE CHICAGO HOMŒOPATHIC COLLEGE.—This institution gives a course one month longer than the most of our colleges, and the professors feel inclined to further extend it. The commencement does not occur until April 3d, so that it was impossible to present here a list of this year's graduates. A full report of commencement will appear in our May number.

The prospects for the spring term are good; quite a large class is being formed.—*Com.*

EYE AND EAR NOTES, by C. H. Vilas, M.D., Professor of Ophthalmology and Otology in the Hahnemann Medical College and Hospital, Chicago.—These are sets of cards; upon each card is the name of a disease, its causes, symptoms, a note of explanation and history, and treatment. They constitute an admirable summary of the most frequent diseases of the eye and ear which one is called upon to treat; and, though designed and adapted to students' wants, will be found useful to many general practitioners.—ED.

ST. LOUIS CHILDREN'S HOSPITAL.—It is intended to establish an institution of this character in St. Louis, to be supported by annual contributions of five dollars from each person interested, though larger sums will be received thankfully. A "Board of Managers" has been organized from the ladies of the city, and lay and medical "Advisory Committes" appointed. We notice Dr. C. H. Goodman's name, and those of other leading St. Louis physicians amongst the latter.—ED.

ERRATA in March number: In "Paris Hospitals," for "Meuts," read "Muets;" for "du Vingtième, Arrondissement," read "du Vingtième Arrondissement."

OUR COLLEGE news has crowded out much interesting matter, but we know the former will be appreciated.—ED.

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THE LESSONS OF HISTORY IN THE PROGRESS OF AMERICAN
HOMŒOPATHY.

BY J. P. DAKE, A.M., M.D.,

NASHVILLE, TENN.

Now that homœopathy has completed its first half century in the United States, it is proper for us to inquire after the lessons of its history.

It is not my purpose in the present paper to notice individuals and individual acts so much as the leading measures adopted and progress made in the new school of medicine in a few cities which admit of comparisons.

I.

New York has the honor of first receiving homœopathy.

The pioneer, Dr. Gram, was a man of learning and culture, acquainted with the value of the printing press in the dissemination of knowledge, and the importance of bringing to his aid, at the outset, converts born and educated in the new field. His first act was the publication of a pamphlet explaining homœopathy. Casting copies of this, like seed sown upon virgin soil, among physicians and intelligent people, he was not long in securing for his new method of healing a foothold, which continued practical trials and polemic assaults through the lapse of years have only served to strengthen and extend.

It is no idle boast, when I say that in America homœopathy found its fairest field. And why not? It was a new medical doctrine, a new form of medical practice, coming to a

people who had thrown off allegiance to theories and systems sustained by age and authority more than by intrinsic worth; a people biassed in favor of innovation and reform in every department of human belief and effort.

The pioneer soon found at his side an educated American physician, endowed with the qualities necessary in a successful reformer. Then another, and others still, came with learning and ardor to aid in the medical reform.

With a directness and energy characteristic of New York, and a unity of purpose prompted by attachment to one central principle in therapeutics, the early disciples moved steadily on.

The Asiatic cholera, the *opprobrium medicorum*, upon which the learning and skill of the orthodox school had been spent in vain, soon came to try their faith and test their skill. Bravely the battle was fought and gloriously the victory won.

The *opprobrium* of the old school became the golden opportunity of the new.

In Philadelphia the first brave pioneer, Dr. Bute, stood alone to demonstrate what *similia* could do with the Asiatic monster.

His success opened wide the door for others, among whom came men of larger acquirements, ready to push forward the conversion of the New World.

In New York the first American periodical devoted to homœopathy was issued and the first society organized.

Though differing upon minor points, as men of various casts of mind and habits of thought are apt to differ, there was yet a practical unity and a hearty co-operation among the early homœopaths.

But there came a time, as it always must while men are fallible, when fanaticism and selfishness were allowed to disturb the primitive harmony.

Taking the guise of extra devotion to the cause, of closer adherence to principles, and greater purity of practice, some sought individual advantage by the disparagement of their more successful associates. For a time the work so successfully begun in New York made little apparent progress, and the fate of American homœopathy seemed resting more upon the younger colony in Philadelphia.

Persuaded that accessions from the ranks of the old school alone could not meet the growing demand for practitioners in the new, that colony established an academy, not far away, at Allentown, for the training of young men. Some excellent instruction was given there, and a number of students were

qualified and sent forth as pioneers in different parts of the country. But the academy, having more the character of a special school for homœopathic materia medica and therapeutics than a full college with the usual American medical curriculum, and being without a pecuniary endowment, failed to enjoy growth and perpetuity.

As a school it soon ceased to exist; but those able men who had constituted its faculty, with the students gathered under their direction, had accomplished quite a good work for the materia medica demanded in homœopathic practice. And from the academy was issued the first homœopathic textbook (a translation of Jahr's *Manual*) published in America.

From the Philadelphia and Allentown colonies homœopathy extended westward, and northward, and southward.

Boston, the classical; Baltimore, the conservative; and Pittsburgh, the practical; all received the new medical practice about the same time, and chiefly from the same source.

The metropolis of New England received it as ancient Athens did the Christian religion: not without much hesitation and questioning.

But the apostles of *similia*, aided by the increasing light from New York and Philadelphia, moved slowly but surely on, bringing to their standard one practitioner after another, and clients among the most cultivated of the people.

Early favored with an excellent publishing house and pharmacy, with its pamphlets and periodicals and books, the enlightenment of the people as well as profession was successfully carried forward.

In Baltimore the early representatives of homœopathy, though devoted and enthusiastic, were kept from an active co-operation by professional and personal differences. Presenting a divided front, old-school opposition and the prejudices of the people were effective obstacles, and years passed away before any great impression had been made upon the public mind.

At Pittsburgh the pioneer, though eminently successful in practice, labored almost alone for a full decade. The first to carry the new method of healing west of the Alleghenies, a Prussian by birth and education, he found the enlightenment of the resident practitioners a difficult task.

But he sowed well the seed among the people and gave a hearty welcome to each brother practitioner coming to his field. Harmony and vigor characterized the early days of homœopathy in the West.

I have thus hurriedly sketched the initial period of the new school in five of our leading cities, the first to learn the wondrous story of *similia* and to witness its mighty works.

New York, in spite of jealousies and differences, with an enterprising publishing house, and writers, and journals, and books, had moved forward to a strong position in homœopathic literature and practice. Dispensaries had been successfully established, converts had multiplied, and practitioners were yearly coming in to help occupy the field.

Philadelphia, though suffering from the little differences which had crippled New York at an earlier period, had received important accessions from the old school, and added much to the literature of homœopathy.

A college, with a full medical curriculum and under a good charter, had been established,—the first school of the kind in the world,—and two classes of well-educated physicians had there received their training and their diplomas.

Boston had moved steadily on, its practitioners increasing in number, and its influence bringing the new school into favor in neighboring cities and villages.

Baltimore had gained slowly and with difficulty, though favored with some excellent practitioners. The spirit of discord, unable to appreciate the good and always looking for the evil, had held the homœopaths apart, and hindered their general progress.

Pittsburgh had received accessions from the East, and made a steady and rapid growth.

The American Institute of Homœopathy had been organized, embracing in its membership the leading practitioners in different parts of the country.

It was the first national medical society formed in America, and must have the credit of having done more to concentrate and render effective the growing powers of homœopathy than any other single agency in the world.

II.

But during the second period, the decade opening at 1850, much greater progress was made throughout the country.

In New York homœopathy began to count its practitioners by scores.

Enough able and enterprising men were there to sustain dispensaries, societies, and journals. Publishing houses and pharmacies were increased, pamphlets and books were multi-

plied, and the new practice was knocking loudly for admittance into the public institutions of the city.

In Philadelphia, while the number of practitioners, and pharmacies, and publications had increased, and while the well-appointed college had been casting a good influence upon the public mind, elements of discord had entered the profession, separating old friends and breaking up the unity which had done much toward the improvement of materia medica and practice. Narrowness, and eccentricities, and selfishness, putting on the guise of greater purity of doctrine and more excellent skill, drove out the calm spirit of inquiry and the modest emulation characteristic of the true cultivators of science.

Little differences were magnified, and great stress put upon insignificant matters, till fault-finding, and crimination, and recrimination became the order of the day.

In such an atmosphere it is no wonder that societies declined, that the profession became individualized, and that little or no impression was made upon public institutions, into which the new practice was ready and fully entitled to go.

In Baltimore, during our second period, important additions were made to the corps of practitioners, furnishing elements of greater harmony and strength.

In Pittsburgh the work went vigorously on. Beside converts from the old school, a number of graduates from the college in Philadelphia came into the field to practice.

Working well together, and defending each other against attacks from without, they placed homœopathy high in public confidence and favor.

III.

The third period, from 1860 to the present time, while showing great progress, brings to view more strikingly the fruits of various lines of policy and different methods pursued by the profession in the several cities mentioned.

New York, leaving her few malcontents and disappointed aspirants for leadership and fame, and despite the fanaticism and foolishness of some who claimed to be homœopaths *par excellence*, has made wonderful strides in the highway of medical progress. A college, full grown, has leaped into existence, and to-day counts among her alumni some of the ablest men in our ranks.

The knocking at the doors of public institutions, louder and more persistent, has been heard, and the magnificent hospital

on Ward's Island, under homœopathic control, to-day tells the result.

Putting aside the spirit of jealousy, and looking beyond the occasional imperfections in the education, and beliefs, and practices, and manners of each other, the homœopaths of New York stopped not upon the line of "high" or "low potency," or of "single" or "alternate" remedies, nor, again, upon the acceptance or non-acceptance of "pathology" when societies or schools were to be organized, and the rights of homœopathy to be maintained and enforced in the high places of medicine.

Each was ready to bring out the lay influence at his command to secure advantages for the common cause; and individuals thus laboring have enjoyed an extent of patronage and merited honors, hardly equalled, elsewhere in America. In elevating homœopathy they have elevated themselves.

Philadelphia, though counting her homœopathic practitioners by fifties, has been slow in claiming the position and wielding the power she has seemed entitled to by reason of her early start in the educational line and her army of able physicians and hosts of homœopathic people.

The college, passing through many revolutions and ups and downs, starved by the stinginess of those upon whom it had shed its beneficent light, begging for a roof under which to dwell, and chilled by the apathy of professed friends, has, only of late, shown a spirit and a vigor in keeping with rival institutions of later origin in other cities.

The more liberal element, cowed by the sublime assumption and unhesitating insolence of those who, by reason of age or prestige, were looked upon as leaders,—apparently afraid to move or speak, lest they be denounced as renegades from the "pure and simple" faith of the fathers,—have till recently made comparatively little organized effort in behalf of the public interests of homœopathy. As a consequence, the introduction of the homœopathic practice within the walls of institutions of sanitation and charity, supported in large part by the lay friends of homœopathy, has been exceedingly slow.

I tell no secret to the profession when I say that the dominant spirit among the homœopaths of Philadelphia for years past, especially since the practical disruption of what was long known as the "Central Bureau," has been that of *Ishmael*.

In place of developing the good in each other, the aim of those assuming superiority has been to hunt out and magnify every spot of fancied imperfection in their fellows. Professional jealousies and personal feuds, fanatical notions and dis-

gusting eccentricities, have made sad havoc in nearly all the social and public interests of homœopathy in Philadelphia.

But a new and better day is already dawning upon the old city.

The next decade will show a different spirit, superior methods, and more gratifying results.

Baltimore, outgrowing its early difficulties, and with large accessions of educated and spirited practitioners, since 1860 has come rapidly forward. Societies have been organized and dispensaries established to advance the profession and benefit the suffering poor. The conservative old city, paying well for the want of harmony in times past, is now making strenuous efforts to go forward.

Boston, with her Athenian incredulity and hesitation satisfied, has brought her learning and her cunning to work wondrously in favor of *similia*. In the homœopathic ranks few have been the "*holier-than-thou*" fanatics, and few and harmless the *Ishmaelites* who would beat down every standard not planted by themselves, and break up every association, and ruin every institution not governed by their individual notions of principle and policy.

Having a school, which though young is second to none, the metropolis of New England is doing a grand work for medical education.

With hospitals and dispensaries and societies, and a noble public spirit, no difficulties can much impede the onward march of homœopathy in Boston.

Pittsburgh, the city of fire and smoke, has made for the new school a character as solid and enduring as the hills of iron which girt her round. Ever united, her practitioners have reared a hospital, a model institution, a gem; and needing money they have gone to the Legislature and obtained it. Had the unhappy Philadelphians been thus united and wise, they could have secured appropriations in keeping with the vast sums voted to the old University and the Jefferson College in their city. But I cannot enlarge.

In conclusion, to show that what I have said is not a mere fancy sketch, and to enforce my lessons of history, I submit the following figures.

New York, with a population of 1,050,000, has to-day 226 practitioners of homœopathy, 4 hospitals with 750 beds, and 7 dispensaries for the poor.

Philadelphia, with a population of 901,000, has to-day 190

practitioners of homœopathy, 3 hospitals with 100 beds, and 3 dispensaries for the poor.

Baltimore, with a population of 340,000, has to-day 36 practitioners of homœopathy, no hospital, and 1 dispensary for the poor.

Boston, with a population of 375,000, has to-day 80 practitioners of homœopathy, 4 hospitals, with an aggregate of 250 beds; and 3 dispensaries.

Pittsburgh, with a population of 200,000 (Pittsburgh and Allegheny), has 42 practitioners of homœopathy, 1 hospital with 40 beds, and 1 dispensary.

VISIBILITY OF PARTICLES UNDER THE MICROSCOPE.

BY J. EDWARDS SMITH, M.D.,
CLEVELAND, OHIO.

IN the last issue of the *HAHNEMANNIAN MONTHLY* may be found an open letter from Dr. S. A. Jones, addressed to Professor Wesselhoef.

Dr. Jones quotes Ehrenberg's statement "that a particle of gold, measuring $\frac{1}{1125}$ th of an inch in size, is visible to the naked eye in common daylight," and from this data proceeds to demonstrate the capacity for visibility furnished by various object-glasses.

The results arrived at (from Ehrenberg's data aforesaid) differ widely from those obtained practically by the working microscopist, as will be shown presently.

Notwithstanding this wide variance between Ehrenberg's theory and actual practice, I apprehend that much of it is due to indefinite terms in which Ehrenberg clothed his statement.

We "see" in the ethereal blue of the sky, as also in the ocean wave, the *effects* of myriads of atomic particles; a similar *effect* may be produced by making an alcoholic solution of a few grains of resin, subsequently precipitating the same by the addition of water.

Lines are also ruled on glass, so delicate in their character, and so close together, that they are absolutely invisible unless the specimen be held in a certain manner so that the eye shall catch the reflection from the surface of the glass; this done, there will be no difficulty as to invisibility.

The passage of the most minute electric spark may be recog-

nized in a dark room. Not because we actually "see" the *spark*, but because we do see the diverging cone of the pencils of light radiated therefrom; in a similar manner may we "see" the burning of a taper in a dark room at distances which would forbid vision of any non-luminous body.

A minute particle of quartz, if poised in proximity to a bright metallic surface, might be easily seen under certain circumstances, owing to the divergent cone of pencils from its refracting surface.

We see the "dust" on the wings of the lepidoptera because of the prismatic colors presented; in fact, we see the *colors of the prism* but not the "dust."

Now, if so be that Ehrenberg saw his particle of gold under circumstances similar to those above stated, then I am willing to accept his statement, and can reconcile his assertion with other results obtained practically with the microscope. But if, on the other hand,—and now we come down to a practical basis,—Ehrenberg be made to claim that his vision of the aforesaid particle of gold was such as might be applied to some practical end, for instance, enabling him to judge of its morphological characters, to measure by a suitable micrometer one or more of the said particles, or to describe with tolerable accuracy the disposition of several such particles respectively, then do I say that Ehrenberg's statement is not accurate, and is not in accordance with known facts.

Ehrenberg also states that a line is easier seen than a dot. This remark, although not mentioned by Dr. Jones, has particular significance, for the microscope should, if this statement be correct be able to discern closer aggregations of lines than of dots, *i. e.*, if a dot measuring $\frac{1}{1125}$ th of an inch be visible, then should clusters, groups, or bands of lines ruled at said interval, be also *plainly visible*.

Referring now to a glass stage micrometer ruled with a series of lines one hundred to the inch, and having these intervals subdivided into ten equal parts, thus giving thousands of an inch, I find the smaller intervals or rulings entirely invisible when looking through the micrometer by the naked eye. But by holding it in such position that the light shall be properly reflected from its surface, I see the ten smaller lines *collectively* (not individually) appearing to the eye as one broad band. This little experiment is conclusive, and can be repeated by almost any one.

Having in the foregoing manner disposed of Ehrenberg, it remains to state as to what may be expected from the modern

microscope object-glass, and the writer having had unusual facilities in the handling of object-glasses feels tolerably competent to state facts.

First: For the past eight years the finest object-glasses have been made in the United States.

Second: An American immersion $\frac{1}{6}$ th will do any work possible to be done under amplifications of from 275 to 5000 diameters.

Third: With such glasses as the American $\frac{1}{6}$ th, seventy-five observers out of the hundred would fail to see—relying on their own manipulation—lines closer than 70,000 to the inch. The same glass in the hands of experts could be made to show the Nobert 19th band clearly. These lines are 112,600 to the inch. There are not, probably, thirty observers in the United States who can show this test properly. The Moller Probe plate contains the celebrated *Amphipleura pellucida*, bearing lines about one 100,000 to the inch. It is a less difficult object than the Nobert 19th band, but, nevertheless, the mass of observers, even when armed with the best American glasses, fail to display it.

The reader has but to compare these statements with the figures given by Dr. Jones as the result of Ehrenberg's data, and a very wild margin will at once be conspicuous; some other things, too, are peculiarly apparent, and shall be ventilated anon.

Turning now to the modern half-inch, non-adjusting objective, I have to state that such a glass, worked at its nominal power (100 diameters), and manipulated by an expert, might possibly show the 5th band of the Nobert plate, 34,000 lines to the inch; worked over the Moller plate it might display the *Pleurosigma balticum*, 33,000 lines to the inch.

This, it is to be remembered, is the work of our best American glasses, which are eminently superior to objectives of similar power made by Hartnach, a fact which I demonstrated to Dr. Wesselhœft at the late meeting of the American Institute.

As to any and all the above statements concerning object-glasses, I hold myself responsible, and invite investigation. What I have said as to the capacity of the half-inch object-glass, worked at 100 diameters, is already so well known that any attempt at "investigation" would stamp the investigator as a tyro.

We are now ready to proceed with the "ventilation," in the manner following:

Referring to Dr. Jones's statement, it will be noticed that Dr. Wesselhœft claims to have seen with a non-adjusting Hartnach half-inch object-glass, particles of gold as small as $\frac{1}{101600}$ th of an inch!

Astounding as this statement will appear to well-educated microscopists, a still more astounding fact remains to be considered, to wit:

At the last meeting of the Institute, at Put-in-Bay, a discussion occurred between myself and Dr. Wesselhœft as to the capacity of various object-glasses. During this discussion, I condemned Dr. Wesselhœft's Hartnach half-inch as not being equal to similar glasses of American manufacture. I invited Dr. Wesselhœft to the actual test, and he accepted the situation.

The test used, which was selected at *random* from hundreds of mounted objects lying upon the table, happened to be a shell of *Navicula rhomboides*, its surface being studded with "dots" measuring about $\frac{1}{55000}$ th of an inch. Dr. Wesselhœft's half-inch was found to be totally incapacitated to display the structure of this shell, which was subsequently beautifully shown by one of my own glasses, and the demonstration was complete, and fully, as well as gracefully admitted by Dr. Wesselhœft.

On the occasion referred to there were present Dr. C. P. Alling, of Bradford, Chairman of the Bureau of Microscopy; Dr. S. A. Jones, University of Michigan; Dr. W. H. Winslow, the editor of this journal; Dr. J. D. Buck, of Cincinnati; Dr. W. A. Phillips, of the Cleveland Homœopathic Hospital College; as well as many others whose names do not at this moment occur to me; all of whom, in common with Dr. Wesselhœft, admitting his defeat, were charmed when the structure of the object was exhibited by my own glasses.

The "astounding" part of this business is this: after it had thus been *demonstrated* to Dr. Wesselhœft that his half-inch refused to recognize structural differences measuring 55,000 *to the inch*, that he should assert publicly in print the capacity of this same glass to deal with particles of matter as small as $\frac{1}{101600}$ th!—a measure of capacity that is not accorded to any half-inch extant.

"*C'est le premier pas qui coute.*" Dr. Wesselhœft having made this capital blunder, proceeds to pile error upon error; his assertion that "high powers are not at all necessary, as a magnifying power of 100 diameters is already sufficient to recognize the smallest particles which may be produced by

trituration," is a remarkably loose statement, and entirely foreign to the facts.

The writer having paid great attention to the microscopic examinations of Aurum met., can assert *from experience* that the study literally bristles with difficulties, requiring not only superb glasses, giving high amplifications, the most expert manipulations, but *imperatively demanding* the employment of accessories neither known or used at the date of the writing of Dr. Wesselhœft's paper.

Again, at the said meeting of the American Institute, Dr. Wesselhœft kindly presented me with mountings of the 1st, 2d, and 3d x trits. of Aurum met., which I understood from that gentleman were his own preparations. These mountings I have examined diligently, and find that they are not triturations at all; but consist principally of big *chunks* of gold with now and then a very small particle, measuring from $\frac{1}{321000}$ th to $\frac{1}{300000}$ th. Neither of these small particles do I believe that Dr. Wesselhœft has seen at all; the chunks are larger in his second than in his first trituration. I shall take these mountings with me to the next meeting of the Institute.

It is quite possible that these miserable triturations have aided materially in swamping Dr. Wesselhœft in his bog of error.

In conclusion, let it not be entertained for one moment that Dr. Wesselhœft intended anything but what he *thought* was actual fact, and did space permit I think that I could readily account for his mistakes. As Dr. Jones remarks, *under certain circumstances* the microscope is the "most delusive of instruments;" scores of blunders that owe their origin to the microscope may be found in the books.

The matter of the metallic triturations is one of vital importance to the profession, and, in calling attention to this interesting subject, Dr. Wesselhœft has taken a step in the right direction, and is entitled to credit. The investigation of metallic triturations I understand has received especial attention during the vacation. Further investigations are yet in progress, all of which I learn will be presented through the Chairman of the Bureau of Microscopy at the coming annual meeting of the Institute. *Nous verrons.*

Partly in confirmation of the position I have here assumed, and also for other reasons which will be obvious to some of my readers, I append quotations from an address recently delivered before the Brighton and Sussex (England) Natural His-

tory Society by one of the most prominent of the London microscopists.

Mr. John Mayall, Jr., F.R.M.S., remarked that, "if the highest authorities on optics were asked to state where lies the *power of discovery* in the microscope, the reply would be that the power of discovery absolutely depended upon the angular aperture of the lens to be used. . . . In proof of the actual fact that the increase of aperture aids the instrumental power of discovery, he placed before the meeting a large series of photographs of all the most difficult test-objects known,—Nobert's famous lines,—in which the highest band was clearly shown, although ruled so closely that 112,600 would occupy the space of an inch; diatoms, such as the *Amphipleura pellucida*, in which lines were shown very strongly marked at the rate of 100,000 to the inch; blood corpuscles in great variety, photographed actually on a micrometer plate, so that their comparative size could at once be determined; anatomical sections, etc.: the whole representing the finest results that have been obtained hitherto by the application of photography to microscopy. These photographs were all produced under the immediate direction of Dr. Woodward, of the Army Medical Museum, Washington, United States. Photographs of many of these objects had been produced by the same skilful microscopist some years ago with lenses of lower aperture; but in the opinion of all whose opinion was of moment—notably of Dr. Woodward himself—the newer photographs, produced with lenses of greater and still greater apertures, so far superseded what has been done with the lenses of lower apertures, that it might fairly be said we had entered a new era in microscopy, in consequence of the great extension lately given to apertures. Dr. Woodward did not scruple to designate any lens of less aperture than eighty-two degrees, measured in the body of the front lens, as 'weak-kneed,' and such as one who was conversant with the use of higher apertures would never use in seeking a difficult result—a result likely to tax the power of the lens and the manipulative skill of the microscopist."

Mr. Mayall concluded by a warm defence against the attacks of the microscopists who ridicule those who take special pleasure in the examination of diatoms, saying: "I regard *test-objects* as the means by which we are to improve and verify the power of our lenses, and by which we are to improve our skill in manipulation. It is by careful training with test-objects that we learn when the microscope is being used at its

best. Thus we train the eye and the hand until manipulation becomes a source of pleasure in itself. The attempt to throw opprobrium on those who are skilled in the exhibition of diatoms, by calling them 'diatomaniacs,' is the feeble refuge of dunces, who thus endeavor to conceal their own incompetency and bungling manipulative skill by the charge that what they cannot do themselves is a trivial and worthless occupation. The improvements in the microscope are almost wholly due to the criticisms of amateurs skilled in the exhibition of test-objects. No musician is considered an executant unless he has mastered an infinity of exercises by which the actual use of his instrument is acquired. Why, then, should it be supposed that the microscope needs no special training? It does need a special training, and the more thoroughly we possess a knowledge of the principles on which the best results are obtained, the more readily shall we obtain those results. . . . To ignore this practice is voluntarily to paralyze our possible skill,—which cannot be done with impunity, as is proved by the immense mass of old results that are being constantly discarded to make way for interpretations based on more perfect instrumental and manipulative means."

CLEVELAND HOMEOPATHIC HOSPITAL COLLEGE, April, 1879.

THE THIRTIETH POTENCY TEST.

BY RICHARD SCHULZ, M.D.,
SAN FRANCISCO, CAL.

THE March issue of the *HAHNEMANNIAN MONTHLY* contains an extract of a paper by Dr. Sherman, indorsed by the Milwaukee Academy of Medicine, which proposes a scientific test whether or not this preparation can produce "any medical action on the human organism in *health* or *disease*," or, as it reads in the report of the committee, "to test the efficacy of the 30th Hahn. dilution."

The above involves two different questions:

I. The efficacy of the 30th H. dilutions *in disease*.

II. Whether they have a pathogenetic effect on the *healthy organism*.

I admit that such a pathogenetic effect on the healthy organism might be produced by this preparation, although it is an open question whether such an effect can be noticed in *all* cases.

But I claim that the efficacy of the 30th H. dilutions *in disease* cannot be determined by this test on *healthy* persons.

If these premises are correct the gain to homœopathy by these proceedings will be very small.

Let us now examine what effect the decision of question I, if it could be done in this way, would have on the homœopaths and allopaths, and what we would gain by it.

I. Suppose that every one of the hundred provers should be so successful as to determine which of the ten vials contains the Aconite or any remedy.

1. Would this be a gain to any one of the provers, who, as the paper proposes, must all be believers in the 30th H. dilutions?

Certainly not; for it can add nothing to their faith in this potency, the efficiency of which they have verified by experience.

2. Will it convert the low-dilutionists to high-potency men?

Certainly not; for they will continue to use their low preparations, as experience has taught them that they cure. They give the preference to the lower ones, not because they have doubt of the higher ones, but because they believe that the lower ones act better. In fact, those homœopaths are very scarce, if there exist any, who entirely deny the efficacy of the higher potencies. That they use the lower ones cannot be taken as proof that they consider the higher ones valueless.

3. Will it convince the allopaths of the virtue of infinitesimal doses?

Certainly not; for it is not the truth they want to arrive at. If they longed for the truth they would experiment with our preparations, and accept them, if found superior to theirs.

II. Be it supposed, on the other hand, that only fifty provers or less succeeded in finding out which of the ten bottles contains the Aconite.

1. Would these, as the paper asserts, settle the 30th H. dilution question of potency? Would it prove that the 30th H. dilution is valueless?

Certainly not; because a potentized remedy may produce no demonstrable effect at all on the healthy organism and yet may be curative in disease. The body in disease is, as we all know, more susceptible to the influence of the remedy and will respond to the action of the high dilutions, when possibly, in health, there may not be noticed the slightest symptom.

Should, therefore, fifty of the provers, and more of them, not

find out the Aconite bottle, how could it be a proof against the efficacy of the 30th H. dilutions?

2. Would such a result prevent the friends of high potencies from using them and bring them down to the lower ones?

Certainly not. They will continue to trust their own experience, which has a thousand times demonstrated to them the value of their preparations.

III. What effect will the proposed test have on our brethren of the old school, and will it really benefit homœopathy?

1. The allopaths will point to our ranks with a sneer, and exclaim: "There; we have a proof that homœopathy is on the decline. They begin at length themselves to doubt their small doses. They try to find out whether their pills act or not. How can they expect us to believe in their eccentricities if they themselves have no more faith in them?"

2. On the other hand, what will be the benefit to homœopathy from this test?

It will be very small, as the efficacy of the 30th potency, which is hardly questioned by any homœopath, cannot be decided by the proposed test, as we have seen.

The only gain would be to have our curiosity satisfied about it, whether the 30th H. dilutions produce any noticeable symptoms in the *healthy* organism, and *how often* this may happen.

3. Will it bring the different opinions under one head and lead to the universal adoption of either the low or high potencies?

Certainly not. We have given our reasons for it.

As, therefore, the efficacy of the 30th H. dilutions *in disease* cannot be settled by this test, as the question of potency is not essential to our law of cure, and besides may be considered as decided in the affirmative by the opinion of the profession in general, would it not be better, under such circumstances, to abandon the proposed test, in order that we may not be led by it in the wrong direction, and may not arrive at some absurd conclusions and drive towards a similar state of orthodoxy, of which we have such a pitiable example in our opponents?

We all know that the 30th H. potency acts, and those of us who are without prejudice will likewise admit that once in awhile we meet with a case in which, for some reason, perhaps a want or excess of irritability, we have to change the high potencies of a well-indicated remedy for a lower one, and *vice versa*; but we do not know with certainty in which particular case the one or the other may be preferable.

To examine this question would perhaps be a subject more

worthy of our consideration than that presented in the paper of Dr. Sherman, and indorsed by the Milwaukee Academy of Medicine.

HOMŒOPATHY VERSUS INTERMITTENT FEVER.

BY STERLING MORRISON, A.M., M.D.,
PEEKSKILL, NEW YORK.

"AGUE DON'T CARE A D—N FOR HOMŒOPATHY." This was the welcome I received upon my advent in Peekskill—a saying which had become proverbial, originating as it did with the oldest homœopath in the place. Being a graduate of the old school, but a recent and thorough convert to homœopathy, I boldly denied the imputation cast upon "similia."

"I shall fight hard against it," was my mental resolution, and I did. The first case of ague I had ever treated came to me two weeks after my office had been opened. It was a recent case. Noting down the symptoms carefully, I went to Hering for my weapon, and thought I had found it in *Nux vomica*. I gave the 3d dilution. Four days passed with no perceptible difference. Puls. was tried and failed; Arsenic also failed. Two weeks had passed and my patient was worse than ever. My faith in *similia* began to fail, and I imagined I saw a triumphant gleam in the eye of orthodoxy. "What am I to do next?" "Give Quinia," said a voice within me. "Get thee behind me, Satan, I won't do it!" Again I ransacked Hering for a remedy, and again chose *Nux vom.* I changed the dilution and gave it for four days, but failed again. More loudly did the voice of the tempter suggest Quinia, and I yielded. In three days my patient had ceased having any paroxysm, and was soon well. With shame I felt myself beaten, and homœopathy disgraced. But the case continued to bother me. I was dissatisfied until I could account for my failure. Studying the case again revealed another remedy in *Ipecac.*, which I had failed to try. "Forewarned is forearmed," and I waited impatiently for case No. 2. It came and was promptly subdued, leaving no evil results. Another and another followed and were cured, until I began to suspect that *Ipecac.* was a specific for the local form of intermittent. Since my first case I have treated eighteen, all with *Ipecac.*, and all successfully. These, with one exception, were all chronic cases

from among the poor population who came to me as town physician. All had been impregnated with Quinia for weeks and months by my predecessor in office, an old-school physician.

On meeting this physician the other day, he asked, "Doctor, what are you doing with your cases of intermittent?" "Curing them, sir!" I exclaimed with some exultation. "Well, doctor (laughingly), if you can find a remedy for your cases of intermittent, you have done more than *we* can!"

My object in writing this paper is to emphasize two well-known facts: *First*, the fact mentioned in Dunham's *Materia Medica*, "that in endemic fevers of certain malarious districts, the indications for remedies are often very uniform and yet different for each locality" (vol. ii, 202).

That is to say, by study of the prevailing symptoms in the endemic variety, one or more remedies can be selected, which will act as specifics in the treatment of the localized form of intermittent; and yet this remedy may be of no value thirty miles away.

Second, I desire to draw from the symptomatology of the eighteen cases indications for the use of Ipecac. in treating intermittents generally.

Indications.—The paroxysm would be called "irregular," in contradistinction to the frank, open, and acute cases in which the three stages are about equally divided and of equal importance. TYPE varies, although the majority of cases have been tertian (10), and quotidian or double quotidian (7); one quartan. As to TIME of day, almost all commenced early in the morning, and gradually became later and later as they progressed.

PREMONITORY symptoms are *thirst*, *dull aching in the bones and head*. CHILL is usually not marked and distinct, being either a chilliness up and down the back, or a mingling of chills and heat. At longest it has lasted only half an hour. Seems to be *worse* by the stove. Thirst continues during the chill and fever, although not so severe during the fever. Great lassitude and weariness during chill. The chill has been followed in every case by *nausea* and *vomiting*. This has been first of contents of stomach and then of bile, and has been very profuse and distressing in the majority of cases. Succeeding the chill, a HOT FEVER, lasting four or five hours, and even all night in one or two cases. SWEAT is either light and partial, or profuse, sour, and "soaking the bed." APYREXIA is marked by severe headache, anorexia, and bitter taste in the mouth.

The cases have varied considerably, but these symptoms have been constant in all. I will give a typical one.

CASE.—Mr. T., woodcutter, had ague for years (quotidian type) every spring and fall. First paroxysm occurred about 10 A.M., while in the woods. Was treated nine weeks with Quinine to no effect. Aching in bones and pain through the temples, with heaviness in forehead, were first symptoms. Followed by chills up and down the back, with great thirst. Chills lasted about fifteen minutes. Was “not a regular shake;” accompanied by great languor and weakness, so that he “fell down all in a bunch.” Then came nausea and vomiting (bilious), followed by a burning fever, which lasted until 2 o’clock (about three hours). Thirst and throbbing headache accompanied the fever. A profuse sour sweat followed in his case. This paroxysm had gradually grown later and later in the day, and took place at 5 or 6 P.M. A second paroxysm now occurred in the morning at 9 o’clock, which became more and more severe. On February 8th I prescribed *Ipecac.*³. February 10th, the afternoon paroxysm had disappeared, and on the following day (11th) the morning paroxysm likewise disappeared. The patient remains well up to date (March 8th, 1879).

This is but one case out of eighteen, and yet it contains all the characteristics for *Ipecac.*

PULSATILLA IN LABOR.

BY J. FLETCHER, M.D.,
BROOKLYN, IOWA.

THAT the influence of *Pulsatilla*, in abnormal presentations of the foetus *in utero* at full term, is such as to change the abnormal into a normal presentation, is a disputed point.

Dr. Leadam, in his *Diseases of Women*, affirms its power of making such a change in many cases, whilst Dr. E. M. Hale says: “As to its pretended power to change abnormal presentation, I have not the slightest confidence. We know that spontaneous version is a common occurrence, and that it happens apparently when most called for, and at the very time when *Pulsatilla* would most likely be given for that purpose.”

On February 12th, 1879, I was called to an obstetrical case. Patient was of a sanguine temperament, *æt.* 35 years, and this was the seventh time she had become a mother. On my arrival, I found the patient in the first stage of labor. She had

been partaking freely of black-pepper tea, and she was bordering on the convulsive state; two doses of *Ver. vir.* 1^x relieved her, and on examination I found the child lying transversely in the uterus (first position, shoulder presentation). There had been no movements of the child (fœtus) perceptible to the mother; as soon as possible I administered a dose of *Puls.* 12^x, and in fifteen minutes the fœtus commenced to change position, and in thirty minutes from time of first dose of *Puls.*, it was presenting in first position of the vertex. Did *Puls.* 12^x, two doses, effect this, or was it a coincidence?

CURE OF STRANGULATED HERNIA WITH NUX VOMICA.

BY C. F. MANSON, M.D.,
PHILADELPHIA, PA.

DURING the early part of January, I was called to deliver a lady, Mrs. B., of twins (male); about a month after, one of the children, after a prolonged straining spell, was observed to have a considerable enlargement in the right side of scrotum. Upon a careful examination I became satisfied that it was a hernia, and, by some little manipulation, was soon able to reduce it and apply a support in the way of a boat-shape bag or pouch, which was fastened by a string up around the waist. After this had been on a week or so, the mother negligently left it off; as a consequence, several days after, I was sent for in great haste with the information that one of her babies had inward spasms.

Upon arrival at the house, I found that there had been no alvine evacuations for several days; the child was then lying in a semi-unconscious state, eyeballs rolling in their sockets, skin wrinkled and clay-colored, and at the same time vomiting fecal matter. This condition prompted me at once to examine the hernia, which I perceived to be quite indurated, of a bluish purple color, and about the size of a large black walnut, the seat of the constriction being also plainly seen.

Before leaving the house, however, to get instruments for operating, I placed upon the child's tongue two or three drops of *Nux vom.*, 3d dec.; when I returned, those in attendance told me that there had been a passage of stool during my absence. A few moments after, while present, there was another very profuse passage, and then, upon a second examination, I found the tumor more resilient, and could neither see nor feel

any constriction. Elevating the hips so as to use the weight of the intestines as a tracting force, I was soon enabled again to reduce the hernia, and then I applied a bandage.

The child continued vomiting, occasionally for several hours, the fecal matter which had worked its way into the stomach, but after this became perfectly passive. In the meantime it had been taking teaspoonful doses at intervals of the watery solution of *Nux 3^d*. The child is now enjoying perfect health.

METRITIS.

BY C. E. GILBERT, M.D.,
WASHINGTON, D. C.

Mrs. —, widow, 35 or 40 years old; one child; stout; menses checked by going out on the first day (Sept.); inflammation of uterus set in and abscess formed, which was lanced; under old-school treatment three weeks, and was "drugged almost to death." When seen she had pains in the abdomen, which prevented sleep, and attacks of *great fear and anxiety, relieved by eating ice*. *Aconite^{cc}*, at 6 P.M., in water every hour till bedtime. The next morning, "Doctor, I'm the happiest woman in Washington!" *Sac. lac.* every hour. At 6 P.M. all right, and paid my bill on the spot.—See *Guiding Symptoms*, p. 18.

LEADERS TO BLINDNESS.

BY W. H. WINSLOW, M.D.,
PITTSBURGH, PA.

HOMŒOPATHY and homœopaths owe a great debt of gratitude to the pioneers, the fathers of the new system of practice in America. There are some names of American physicians, linked with the early developments and progress of our school, which will become immortal in history. These men have, by their industry and self-sacrificing labors, laid the solid foundations of the *similia* doctrine amongst the sciences, and in the minds of the people, and we, who rest firmly upon these, should accord them all respect and honor. We should be willing to heed their advice, to accept their dicta, and to follow their leadership, when they do not depart from well-known

principles of our science and art, and do not wander into fields that lie beyond their domain.

When they assume to know what they do not know; when they endeavor by dogmatic assertion and flippant invective, to overthrow principles in surgical art, established by centuries of experience; when they dictate methods of practice, which experience has taught to be dangerous, and for diseases in which we know they have had no special training, nor large opportunities of observation, it is time to cry, halt! though it flout an angel, or overturn a demigod.

Bad leadership is much worse than no leadership at all, and a survey of our medical literature will show the thoughtful reader, that we have had a great deal of it the last decade. The errors promulgated by the "grave and reverend seniors" have been passed over lightly, because of the debt of gratitude due them for past services in the cause, and because experienced physicians have not thought it worth while, or have been afraid to controvert them; but we forget, that these errors presented to our younger physicians, supported by the names they have been taught to revere, are received like the Delphian oracles, and exercise a powerful influence in shaping their practice upon suffering humanity.

It is time that we rebel against our generous inclinations to keep silent, and even brave personal resentment, rather than permit the errors of a few to be foisted upon the great mass of the profession, as results of enlightened experience and scientific investigation.

I was stirred to this outburst by reading the incongruous article, Euthanasia, by Dr. C. Hering, in the February number of *The North American Journal of Homoeopathy*. I consider it a conscientious duty, for the sake of our rank and file, and our fellow-men, to protest decidedly against a portion of this article, upon a subject about which I can write authoritatively. I quote from pages 263-4: "The cutting out of an injured eye to save the well one, as the surgeons say, is always an abominable infringement. It is wrong, and must be so, and the favorable cases reported by surgeons are not to be trusted. The injured eye can always be relieved by proper treatment, and the other well eye kept so. We have here in Philadelphia, cases in which the cured are living witnesses up to this day. In the one it was declared by the greatest eye-doctor in New York, hopeless, unless 'enucleation' was performed. Dr. C. G. Raue not only cured the injured eye, but also saved the other. The next case was Dr. Korndorfer's,

in which the unfavorable prognosis was made at Will's Eye Hospital. A third one was cured in the Homœopathic Hospital; and a few weeks ago, a very bad case was declared incurable unless operated on, and Dr. Korndörfer again had the man well and able to attend to his business without this infernal operation."

The eyeballs are connected by nerves which emanate from common ganglia, and are distributed to each globe; they are united by nerves which pass directly from eye to eye; they are influenced by that mysterious power which engenders symmetrical disease. These intimate relations are sufficient to transmit a morbid influence from one to the other, and do so in most affections of the eye which we are called upon to treat, independent of the excessive exertion which one eye must make in visual acts when the other is disabled.

When the integrity of an eye has been destroyed by injury or disease, and its tissues have become morbid by inflammatory action and plastic deposits, there is a constant tendency to acute exacerbations of inflammation; the undervitalized and disorganized elements not only become irritable with changes of atmospheric conditions like an old gunshot wound, but they exercise at all times a morbid influence upon the nerve peripheries, and this is almost certain to be transmitted sooner or later to the sound eye, and to set up sympathetic ophthalmia.

This is frequently a subacute iritis or choroiditis; diseases slow, insidious, treacherous in their early stages, without symptoms other than those revealed by the ophthalmoscope, and often difficult to arrest by remedies. Once excited by the peculiar cause mentioned, they are likely, in spite of our whole *armamentarium* of medicines, to end in blindness.

Acute exacerbation in an injured eye may subside, and often does disappear, without remedies; and it may be conquered by our homœopathic medication earlier; but a restoration of the eye to a quiescent state is not a cure, and does not insure against danger to the other eye. The presence of the ruined organ is a *constant menace to the sound eye*, if disorganized sufficiently to lead experienced oculists of either school to recommend its removal: and it also is a source of worry, and a personal blemish. Not one, nor four, but thousands of such cases have passed before the bar of surgical judgment, and the opinion is unanimously in favor of removal of disorganized and irritating globes and stumps. To trust to medicines in such cases is fallacious, because the disease marches by stealth, day and night, and frequently gives no sign.

This very day my hand was red with the blood of "enucleation." A boy of thirteen years, a sightless shrunken globe, a little sore on pressure, at long intervals painful, and relieved by medicines. The other eye had become watery and a little dim of sight; examination showed a slight choroiditis. I removed the cause. The consequences of foolish delay, not mine, thank Heaven! shall have the best of my therapeutic resources.

Only a few weeks ago, I had a similar case in a man, who had plastic irido-choroiditis from the hook of a cow only three months before. The injured eye had a glimmer of light, and the patient hopes of its restoration. The other eye was watery and weak, and he said everything looked as if heat was rising from it. Advanced choroiditis was present in the inner half of the capsule. I removed the eye, and the rising mistiness had ceased when he became conscious, and his disease has happily remained stationary under Merc. jod. I affirm that, the removal of an injured eye to save a well one is an exercise of beneficent surgical art; it is correct practice according to the scientific light we have; the favorable cases of surgeons should have our entire confidence; such injured eyes as we are writing about, and as Dr. Hering wrote about, cannot always be relieved by proper treatment, and the well eye kept so. The enumeration of cases by Dr. H. should have no weight, because they will not be complete until the history of life is finished, and because thousands of cases with *completed* histories have given a law contrary to his deductions. I do not doubt the therapeutic skill of the gentlemen mentioned; I am sure a great deal can be done by medicine, especially in their hands; I object to incomplete and perhaps exceptional cases being presented as examples from which to deduce a law. I warn general practitioners against a reliance upon medicines, and upon their own judgment in such cases, and against the leadership of men, who build laws on exceptions, disregard pathological science, assert their own illy matured opinions vehemently, and charge eye surgeons from Von Graefe down with dishonesty.

OUR ENGLISH LETTER.

AMONG the many causes that work against the spread of homœopathy in this country is a widespread notion that homœo-

pathic practitioners are not regularly qualified men. This arose from the fact that many of the pioneers of the new system—all honor to them—were amateurs, philanthropic men and women, who had experienced the benefits of the system on the continent, and felt in duty bound to let their fellow-countrymen share in them when they returned home. Far away from any qualified believer, having zealously devoured the *Materia Medica* among themselves, with a repertory, they felt constrained to dose all their suffering friends and neighbors with globules on their own account. Their services were given in their leisure hours and were gratuitous, and their successes often encouraging.

Again, enterprising chemists have opened shops in towns where there is no homœopathic doctor, placed an enormous bust of Hahnemann in their window and invited custom—which has usually not been slow to respond. When “the children” are sick the mother doesn’t think she has done her duty unless she has got “something” for them in the shape of medicine. If she is poor—and sometimes if she isn’t—she goes to a chemist. Having no theories and no prejudices, she tries our friend in his turn. The children take his pilules without any trouble, and get better sooner than they used to do, and she comes back with the neighbors. Soon a nice little practice is established, and that not among the poorest alone. By-and-by our friend begins to take walks and call on his many acquaintances when there happens to be any one sick in the house, and he soon comes to be honored with the title of “doctor” among them. So long as he refrains from putting that title on his door, he is safe from the hands of the law. There are towns occupied by “practitioners” of this kind where a qualified man would be anything but welcome.

This sort of thing no doubt does something towards spreading a knowledge of the virtues of homœopathy, but the effects are not altogether what one could wish. It helps to confirm the popular notion and gives the other side a handle to use against us.

The general public are generally ignorant about things medical. About degrees and their relative value they know nothing. L.S.A. is as good as M.D. for them, a trifle better if anything—one letter more. Every man who “doctors” folks is a doctor. A friend of the old school and fellow-graduate who took high honors with his M.B., at Edinburgh, had those letters engraved after his name on his calling card thereafter. “Doctor,” said a lady he was visiting one day, “we have been

trying to make out what those two letters mean on your card. Is it *medical botanist*?" The doctor went home, hunted up each individual card that remained bearing the odious letters, and carefully mended the fire with them. He got a new plate engraved, with the simple legend "Dr. —."

As for the meaning of the term *homœopathy*, the people at large who don't know Greek, and many of those who do, have not the slightest notion. They connect it with a hideous and gigantic bust labelled "Hahnemann"—why *do* they make his busts so hideous? there are pictures of him quite pleasant to look at; why not the busts as well?—and small white pills, which are good to eat, and if you only have faith, work wonders.

In this state of affairs it is well that the eyes of the public should be enlightened. One way of doing this is by the establishment of dispensaries, which is done wherever a homœopath settles. These are either altogether free, or, as is usually the case, the patient pays a small fee, sufficient to cover expenses. But a far more effective way is by raising such monuments of public utility as the now nearly finished "Hahnemann Convalescent Home," at Bournemouth in the South, and the lately opened "Sanatorium for Children," at Southport, in Lancashire in the Northwest. When the public see us devoting our energies to works of this kind, it will serve more than anything else to arrest their sleepy attention and give their cherished prejudices a rude shake.

Twenty years ago at Southport, Dr. Blumberg opened a convalescent home for children in a humble sort of way, and ever since then has been working away to get something worthier established. Success has rewarded his efforts at last. The building is handsome and well appointed, and has been opened with great *éclat*. It is intended for the relief of poor children in the North and Northwest of England. Southport is rapidly becoming a favorite watering-place with the thickly populated southern division of Lancashire; Manchester and Liverpool are both within easy reach, and no doubt will contribute largely to its patients and its funds.

Liverpool is one of our strongest positions outside the metropolis. There are fifteen practitioners of our school there. The two homœopathic dispensaries are the largest and most popular of any in the kingdom. For learning medicine practically—seeing cases of all kinds and any amount of them, there are few better fields in the country. The three house-surgeons have as much visiting as they can well manage, and

the non-resident medical officers do as much more. Why Liverpool does not start a hospital is a mystery to many. There are the men, and the patients, and the public who believe in the men, and still they wait! If the town could only be planted on your side of the Atlantic for six weeks, the whole thing would be done. But Britons like to take a long time to think, and dislike above all things anything approaching unseemly haste.

Faternally,

DR. J. H. CLARK.

April, 1879.

COMMENTS.

DEAR HAHNEMANNIAN: When, at the close of the day, the busy practitioner sits down by his genial fireside, and picks you up for an hour, reading your editorials, and then, one article after another, he is conscious of a general impression and of several opinions shapen in his mind.

It is quite natural that you should desire to know something of what impressions are made, and what opinions formed, among your readers, from month to month. To gratify such a desire, and to exercise my pen for a short while, I will let some of the opinions formed in my mind, by the reading of your April issue, take shape in the following comments:

I must first say that as a high-toned and thorough-going medical journal you are a decided success.

When I read you in January, I said, *good*—in February, *better*—and in March, *best*. I need say no more as to the general impression made upon me—I accord you a place in the very front rank of the fifteen medical journals which come to my desk from month to month, and quarter to quarter.

Yesterday your April number came in, and I hastened to read your editorial utterances. What you said about the work and methods of Bureaus in the American Institute is true, every word, and of great importance.

Your rejoinder to Dr. Hughes is well and sharply executed. But, as an old reader of the writings of our sturdy English brother, I must say that your alarm at his advocacy of *palliation* has been too great. As an excellent surgeon you carry your patient over the period of a painful operation by an anæsthetic, thus treating a "temporary morbid state" by "antipathic palliation;" and you do the same, "under the law *contraria contrariis*," when you give an opiate, as a last resort,

to relieve the pain of a passing urinary calculus. True, such occasions may rarely come—yet come they do—and then, by such antipathic measures, “you do best to help him in his need?”

My word for it, if you and brother Hughes were to sit down and compare notes on this subject, face to face, for one half hour, you would find no cause for controversy.

If, upon a fuller statement of views, the traditional enemy appears on the other side of the water, and there is a real *casus belli*, you may count on me as ready to stick to the “stars and stripes.” But, till then, let a “soft answer” do what the inspired wise man said it would. Let everybody remember that *all learning is not confined to the old, nor all foolishness to the young.*

Well, so much for your editorials. Going back to the “Original Department,” I came upon “An Open Letter to Professor Conrad Wesselhoeft,” written by the inimitable Professor S. A. Jones.

Now I have long had a prejudice against *open letters*, occasioned chiefly by the fact that such missives are usually intended to convey very unpalatable statements, not thrown out for “whomsoever they may concern,” but cast directly into the face of a person to be brought under censure.

Discussion and controversy are of vast importance, especially in the scientific world, turning questions and opinions around, and over, till every side and every shade is brought to view; and the effort to expose errors and correct mistakes should be thorough and unsparing.

But it is the part of wisdom, to say nothing of policy, to accord to an opponent honesty of purpose and excellent attainments, more especially when such opponent is of your own brethren, and for once, perhaps, fallen into error.

And in the treatment of a subject under consideration, especially when referring to the work or the language of an associate, by others and in all other directions highly and justly esteemed, it is necessary to remember the *suaviter in modo*. It surely wounds a friend, and loses for one’s cause the sympathy and ready acceptance of unbiassed persons, when a critic needlessly assails the character and qualifications of a fellow-worker in the fields of science.

Let the *suaviter in modo* come with the *fortiter in re*.

Now Professor Jones may be entirely correct in what he says of the defectiveness of the microscopical examinations made by Professor Wesselhoeft, and of the unsoundness of the

deductions therefrom (I must confess myself an "unqualified assailant" in controversies microscopical), but he certainly is not warranted in his exuberant display of derisive wit at the expense of one so learned and so highly esteemed as his brother professor in Boston. Such methods do not blacken error, nor brighten truth; they puzzle and confuse the casual reader, and vex the earnest student.

Surely Professor Wesselhœft had a right to question the methods of pharmacy, and "arraign the clinical testimony of nearly a century," by any research and experiments at his command. If his research and experiments were not the most approved, nor the most perfect, it should be sufficient, for the interests of science and humanity, to have their insufficiency shown up clearly and calmly, without degrading figures and detracting personal epithets. But, notwithstanding the playfulness and flashing, blinding, stunning, mischievous, and naughty wit of the little giant at Ann Arbor, I wouldn't for a kingdom say a word to "dry him up." Tone him down, hitch him up in double team occasionally, and I promise you he will do noble work.

Next in order, I found the article of Dr. Sherman, on "The Milwaukee Test," a well-written, clearly-stated exhibit, of what is proposed by the Milwaukee Academy of Medicine toward determining the question—"Is there any medicinal power in the thirtieth attenuation?"

In regard to the merits of the test proposed, I have nothing especial to say at this time, except that it appears to me entirely fair and in the usual line of scientific inquiries. Certainly the members of that academy have a most undoubted right to institute the trials proposed.

And this brings me to say a few words about another "Open Letter," a little farther on, addressed to that academy by C. Pearson, M.D.

The moment I saw the heading—"An Open Letter"—I felt that something intended to be very direct and incisive was purposed by the writer; and, as I went forward, I found that I was not at all mistaken.

Had Dr. Pearson lived in Rome when Galileo was brought there a prisoner—had he been Pope Urban VIII, believing and teaching, as all the Popes had done before him, that the earth stands still and the sun moves around it—he would have said to the astronomer, proposing to show his tests and proofs that the earth was ever moving around the sun, "Man, do you

‘request me to assist you and others in forming a conclusion as to whether I am a fool or a rascal?’”

“If I have known that the earth moves, I have been teaching a falsehood, and am dishonest. If it does move, and I have been walking upon it and looking at it daily for a long lifetime, and have failed to make the discovery, I must be incapable of forming a rational conclusion on any subject, and my opinion, therefore, would, in the inquiries you propose, be of little value. All this you request, not in the least to benefit me, but in a vain effort to satisfy others, about whose opinions I care nothing. Thank you sir, I beg leave most respectfully to decline.”

As a pope, the doctor's reasoning would be just as cogent, just as sensible, as is that he brings now against the appeal of Dr. Sherman.

The fallacy is too palpable to deceive. But it is not my wish to meddle with the argument. Let those who affirm and deny attend to that.

What I wish to notice is the method of criticism or disputation adopted, and the spirit displayed.

Dr. Pearson writes with great assurance, as one feeling decidedly certain of his ground, and more as a dogmatist than a scientist.

His conception of what homœopathy is, he assumes to be correct, beyond all peradventure; and, as a consequence, he does not hesitate to characterize the efforts of the Milwaukee Academy as a “death-thrust at homœopathy,” and to call its members *traitors*, *eclectics*, etc., because they choose to question some of his opinions and practices. The world has, in ages past, seen quite enough of such methods of argument and such a spirit of intolerance. They are now happily outgrown; and no doctrine, no opinion, no method, no means, and no practices, are so settled, so perfect, so infallible in all the wide domain of human study and labor as to be above question. But enough of impressions and opinions for this time.

SENEX.

OPEN LETTER TO PROFESSOR S. A. JONES.

MY DEAR DOCTOR: I would gladly answer your objections and questions were they based on what I had actually done or said. You are entirely unacquainted with my report to the

Institute, having seen only an abstract, as I understand you, taken from my German translation, and contained in some "trade-journal," for which I do not subscribe, and for the utterances of which I am irresponsible.

I will not trouble myself to repeat what I said in my report. It will be printed some time in the *Transactions*.

In regard to the unfair inference that I am ignorant of the screw-collar, etc., you might as well accuse me of not knowing the use of a knife and fork. Besides you attempt to revive a painful controversy I had with your friends, in the course of which I had every reason to feel injured by the same accusation at Put-in-Bay. But preferring to consider it in the light of a precipitate word, which it was better to forget, the honor conferred on me by the Institute rendered it easy for me to propose a truce, which was gladly accepted by both your friends in your presence. I can not and will not believe that you dare to revive this more than unfair accusation with your friends' consent.

I have nowhere said or intimated that I made my observations with a $\frac{1}{2}$ inch objective *alone*.

I did not "break faith with the Institute" by publishing a German translation of my paper from the *Transactions*, six months after my report had become the property of the Institute. The non-appearance of the *Transactions* before the publication of my translation is not my fault. Had you not been guilty of the precipitate haste of which you accuse me, you could have seen that full credit is given to the source whence the article came.

The main points for which I have endeavored to furnish evidence have not been noticed by you, because you must necessarily remain ignorant of them before they are published in English, unless you will consider the German translation worthy of your notice.

I have neither stated nor assumed that I had settled the questions relating to the effect of trituration, etc. I have, on the contrary, invited the most extended scrutiny of the subject. No single man has or can settle it; neither Hahnemann, nor you, yourself.

Lastly, I am constrained to say that, should you think it worth while to consider my paper, and to propound new questions to me, those whose friendship I hold dear will pardon me for declining to reply; more especially, if your queries and arguments are clothed in offensive terms, vituperative accusations, and flippantly abusive language, which are out of place

in a private communication between strangers, and deserve all the more to be rebuked, if used in an open letter to a colleague.

With these sentiments, and the hope that an intercourse so pleasantly begun, may continue in future, I remain,

Sincerely yours,

C. WESSELHOEFT.

MY NEGATIVE VOTES

ON THE CONCLUSIONS OF THE BOARD OF EXPERTS OF THE CONGRESSIONAL YELLOW FEVER COMMISSION.

BY L. A. FALLIGANT, M.D.,

SAVANNAH, GA.

WHEN I consented to serve as a member of the Board of Experts of the Congressional Yellow Fever Commission, in December, 1878, it was with a sincere hope that the Board was so constructed in its membership as to give full hearing to that majority of experienced Southern practitioners who believe, with myself, that there exist two sources of danger from which we may apprehend possible outbreaks of yellow fever in the Southern States. One source *exotic*, from which we might suffer by importation of the poison; and the other source our own total neglect of *local hygiene*, imperilling our health wherever the *expansion of tropical summers* subject our local unsanitary conditions to such influences as develop yellow fever out of similar unsanitary conditions annually in the more tropical regions to the south of us. I must confess, therefore, to some distrust of the value of any conclusions which might be arrived at when I discovered that the Board was constituted of medical gentlemen whose prejudices were almost exclusively in favor of the exotic origin of this disease, and whose conclusions, however honest in themselves, would be controlled, in great measure, by such bias. A very simple illustration will show how the "conclusions" of the Board were so biassed. After several weeks' visitations in different localities where the fever prevailed in 1878, the Board assembled at Washington, D. C., and whilst discussing the origin of the disease in different places, I stated to the Board that I had in my pocket reliable notes of cases existing in Memphis *before* the steamboat John D. Porter got there—this boat having been charged with

the importation of the disease into Memphis and other places. The objection was made that *I could not prove that the seeds of the disease were not carried there previously in some other conveyance*—a purely negative answer, but one which governed the action of the Board. I further stated that I had in my pocket notes of positive cases of yellow fever which existed in Memphis in the fall of 1876, furnished me by Dr. Quimby; but this statement was not placed on the minutes of the transactions of the Board. I cannot conceive of what scientific value any “conclusions” are which ignore facts such as these.

Knowing full well that I represented the belief of a *majority* of the physicians of both schools of practice, that yellow fever might arise *indigenously* in some places in the United States, I believed it due to them, and due to myself, to incorporate in a *minority report* the reasons for this view, so that an intelligent Congress and public might have before them all proper information concerning the disease which could be gleaned from the different views concerning its causes, origin, and spread. As soon as this course on my part became known to the Board of Experts, such strenuous opposition was made to it as to render it evident that no such course on my part would be entertained; but it was understood that I should have the privilege of giving my reasons for objecting to any proposition, provided that my *objections* should not occupy more space than the propositions objected to. With this understanding I recorded my objections to propositions 3, 4, 5, 10, 18, 21, 22, 25, 26, 27, and 57, and after discussion waived objection to several others which will be referred to hereafter.

When the “conclusions” were completed, I again found such serious opposition to the course last understood as allowed me, that I contented myself with the privilege of attaching to the “conclusions” the following explanation of my negative votes on the above-cited propositions:

“Whilst indorsing fully the necessity of a well-regulated quarantine to protect the people of this country against exposure to the importation of infectious diseases from abroad, and against the spread of similar diseases in our own midst, I hold the view that yellow fever may be developed by indigenous as well as by imported poison; nor can I express too strongly the conclusions to which this view leads me, namely: that local hygiene is of equal importance with quarantine in checking the spread of the imported fever, and of absolute necessity to the prevention of that of domestic origin. I cannot overlook the fact that whilst fire will explode powder, the fire may be

produced in one locality by electricity, in another by the collision of flint and steel, and in still another by striking a match.

"LOUIS A. FALLIGANT, M.D."

* * * * *

It will be evident that whilst the above is a comprehensive and terse objection to the tenor of the "Conclusions of the Board of Experts," it is hardly just to me, and by no means just to an intelligent and inquiring public, that the *reasons* for this broad difference of opinion should be excluded from the transactions of the Board, which when published, as they are to be, are expected to furnish the basis for further investigation hereafter; and that these reasons may not pass into oblivion, I respectfully refer your readers to my New Orleans essay, published in your journal of January, 1879, in which will be found a very full and clear illustration of the circumstances and conditions under which yellow fever arises *indigenously* during the seasons when tropical summers are felt to expand north of their usual limits.

* * * * *

The Board objected to the admission of this essay on their records as an expression of my minority opinions.

With the above explanatory remarks I will now discuss my objections to those propositions of the Board of Experts against which I have recorded my votes in the negative.

Proposition 3 declares the yellow fever poison to be "endowed with the vital properties of *growth and reproduction*." Inasmuch as numerous records show that sporadic cases have occurred even in our own latitude without propagation, the conclusion is too strong for the facts. That there are conditions of *transmission* of the poison, I do not doubt; but that it *increases itself*, independent of the local conditions out of which its poison is developed, is not so clearly established. I very much doubt it myself. That the human body, under the influence of the yellow fever poison *in its outbreak of disease*, may redevelop additional poison I do not doubt. In no other way can I explain the many instances in which a person, passing from an infected to an uninfected locality, has remained there a week or two without giving rise to new cases by emanations from his *body or clothing* until after the outbreak of the disease on himself, the new cases then occurring amongst those who came within the sphere of the atmosphere rendered impure by the poison given out *by the sick body*; but this *increase in the quantity* of the poison, and, I may add, *its malignity*

in bad cases, seems to be due to the same process out of which the original poison came, that is, not increase by *growth* but by *decomposition*—wherefrom undoubtedly springs the poison emerging from its original bed of production. It is this view of the poison, as a *product of decomposition*, instead of a germinating, self-reproductive plant or animal, that caused me to vote against Proposition 3 of the conclusions of the Board of Experts. I cannot otherwise explain how individuals can live safely a short distance from an infected city, wherein are supposed germs, multiplying themselves millions of times with fearful rapidity daily, yet never spreading out far beyond the city limits. Distance *dilutes* the poison until it ceases to have injurious properties. Does distance dilute *germs having the vital properties of growth and reproduction*?

Prop. 4 declares that yellow fever is not only “not the offspring of that marsh miasm which produces paludal or periodic fevers,” but continues: “We know of no facts which warrant the conclusion that malarial influences contribute toward the dissemination and mortality of yellow fever in any other way, or to any greater extent, than they contribute toward the dissemination and mortality of other epidemic diseases.”

To claim that measles and small-pox, two well-known epidemic diseases, have the same relation to malaria, or an equal subjection to malarial influences, as is apparent in yellow fever, is an assertion so out of all reason and so opposed to facts relating to those diseases as to provoke rather a smile of incredulity than a serious discussion; and I will therefore leave this comparison unexamined. But let us see whether “we have no facts” as to the effect of malarial influences in disseminating yellow fever.

Savannah, Georgia, in 1876, was decimated by yellow fever, and her atmosphere was *intensely malarial*, whilst the few cases occurring in Macon, Georgia, were confined chiefly to its *malarial section* adjacent to the depot, in which ran the cars that came from Savannah. In New Orleans, Vicksburg, and Memphis, in 1878, there were devastating epidemics, and no one will contend that the atmosphere of those places was not surcharged with malaria; whilst the seaboard or Gulf coast summer-places, such as Bay St. Louis, Pass Christian, Mississippi City, and Biloxi, under but little malarial influence, had comparatively few cases in proportion to the aggregate population then existing in them. At Hansboro, scarcely two miles back of Mississippi City, says Dr. Pelaez, the health

officer, "every family and every house was stricken;" and here I found considerable malarial influence. These *facts* were in the possession of the Board when the above declaration, so inconsistent with them, was made.

* * * * *

Prop. 5 admits the apparent necessity of "*local conditions favorable to the evolution of the yellow fever poison*" in order to the *evolution of yellow fever epidemics*, but declares that we have "no positive knowledge as to the nature of these favorable local conditions."

We certainly have positive knowledge that yellow fever epidemics never *originate* except where tropical summers find putrid decomposition existing; and this decomposition is *within our power to prevent*.

* * * * *

Prop. 10. My objection to this proposition is based on my experience in the epidemics of 1858 and 1876, in the latter of which I saw a considerable number of cases of yellow fever in persons who had suffered with it in previous years, and also 143 cases of second attacks in the same epidemic—these second attacks being often severer than the first. If one attack affords *protection*, as in measles or small-pox, against subsequent attacks, the subsequent re-saturation of the system with the poison should not have developed the disease as it did.

I also think that a residence of a year or two *North* would so undo the protective shield of one attack, as to lay the person open to fresh attack should he again venture into the sphere of a yellow fever epidemic.

* * * * *

Prop. 18, declaring that, "outside of the West Indies, yellow fever is an exotic disease," is an assumption based on purely negative reasoning. It is *not a fact* that the epidemics in Southern cities can be traced *satisfactorily*, in any great number of instances, to importation from the West Indies; but it *is a fact* that whenever the *West India tropical summers* have stretched their arms further North, as occasionally happens, and fastened their clutches on some of our cities noted for their neglect of hygienic measures, they have developed the destructive poison of yellow fever, just as they do almost eternally in the putrid miasmatic localities of Havana. Our remedy here is plain,—*to remove these unhygienic conditions*.

Prop. 21 declares the existence of evidence of importation, *more or less complete*, in "seventy-seven out of eighty-eight epidemics." Amongst the seventy-seven are the epidemics in Savannah, where we have *stronger evidence to the contrary*—but which does not appear in the records—AS VERY OFTEN HAPPENS ELSEWHERE. To admit *indigenous origin* would be to *condemn official neglect*; and this is sometimes *very unpopular*. So truths get suppressed that individuals may be saved from public reprobation; and science and humanity remain ignorant of what is the matter, and, consequently, without opportunity to apply proper preventive measures. Unhappily many "historical statements" are often "historical *misstatements*;" but they may serve the purposes of concealment, for which they are not infrequently intended.

* * * * *

Props. 22, 25, 26 and 27, all relate to the doctrine of exotic origin, giving the benefit of the doubt to the exotic theory in all instances, and denying it to the *indigenous theory* in any instance. It is therefore useless for me to do more than make the above comment, the justice of which will be apparent to any reader of the "conclusions."

To illustrate, however, the vagueness of the positions of the *majority* of the Board of Experts, let me make a few comparisons of the propositions themselves:

Prop. 5 says, "*The concurrence of local conditions, favorable to the evolution of the yellow fever POISON, seems to be necessary to the evolution of yellow fever epidemics;*" whilst prop. 25 denies its indigenous origin, "*as the product of any conjunction of meteorological, terrene, and other local influences;*" and further declares all testimony of *indigenous origin* NEGATIVE, when it has usually, or at least *frequently*, happened that the testimony of indigenous origin was the *positive testimony*, and that of the exotic origin was the negative conclusion, or *historical misstatement*.

* * * * *

In Prop. 31 the Board declines to express any opinion as to whether the poison of yellow fever is conveyed in the *body* of the sick person or in his *clothing and baggage*, whilst in Prop. 62 it is said, "There is much testimony showing that the effluvium which emanates from the bodies of the dead may be *associated with infection*?" This is coming down to the doctrine of *local conditions* and *putrid emanations* pretty rapidly, after previous cautious declarations, for instance, that in Prop.

57, saying, "Yellow fever belongs to a class of diseases which are not controlled by local conditions."

My objections to the sweeping assertions, concerning the origin of yellow fever, apply with the same force to cholera. Scattered cases and local epidemics have occurred in America not traceable to the "Valley of the Ganges," nor anywhere else beyond the places of their existence. But the Board was assured that they were only discussing *Asiatic cholera*, and I therefore voted that *Asiatic cholera* was imported from *Asia*, *an African negro from Africa*, etc.

* * * * *

In making the above comments I do not wish in any manner to impugn the integrity of the members of the "Board of Experts." On the contrary, I fully appreciate the force of their reserved right to modify their opinions by any facts hereafter discovered; and I accord them all sincerity in convictions with which I differed. But I do not consider that the *exclusion of my views on the indigenous origin of the disease from the records of the proceedings* was giving the public a full insight into its possible causes, origin, etc; nor do I see how those gentlemen of exotic convictions, to whom was confided the writing up of the work of the Board, can do justice to the number of practitioners who differ so widely from them in theory. It is too much in the style of a grand jury indictment. The very fact that the *majority* of experienced practitioners in yellow fever cities in the South leaned to convictions of possible indigenous origin, and, as a consequence, *preventive local hygienic measures*, was the best reason why the *one* member of the Board, who could give voice to their convictions, should have had accorded to him all the space required and necessary to such expression of so widespread a conviction.

To have our adversaries ingrafting in Government publications their reasons for disbelieving theories which are held by gentlemen of both schools of practice, of equal intelligence, skill, and powers and opportunities of observation with themselves, whilst these same adversaries apply the system of *exclusion* to all testimony not according with their own convictions, or, at most, only give it an incidental mention, so as to throw distrust on it, is a sort of partisan proceeding, more becoming sectarians than philosophers, and certainly unbecoming the dignity of Government publications, into which no one-sided or negative "conclusions" should be admitted.

The great mistake made by most physicians, whose experi-

molecule, and stated it to be "the accepted computation for the size of the atom."

Professor Jones may reply that he used the word "atom," as did Sir W. Thompson, in the sense of "molecule;" but if so, it only proves that his chemistry is of the old Daltonic kind; and that he is not informed on the vast changes which have taken place in that science during recent years.

ALBUMINURIA.

BY DR. JOHN MUNN,
NEW YORK.

1. ALBUMINURIA does exist in a far greater proportion of individuals apparently in perfect health than is ordinarily supposed.

2. The method of testing as commonly practiced, fails to detect any but a considerable quantity of albumen, and it is absolutely necessary to use light properly shaded.

3. The urine, if not distinctly acid, must be rendered so before boiling.

4. In an alkaline urine, unless properly acidulated before boiling, at least five minutes must elapse after adding the nitric acid before it is safe to pronounce it non-albuminous.

5. The early morning specimen frequently contains no albumen, while that voided later in the day does. Consequently a morning specimen, which physicians usually require for analysis, is not to be depended on in testing for albumen.

6. Carelessness in procuring specimens, which are often received in an unclean vessel, or placed in a partially cleansed bottle, or in foul test-tubes (unfortunately used by many physicians), renders the analysis untrustworthy.

The vessel receiving and conveying the specimen, and the test-tubes used in testing it, must be absolutely clean; the reagents used must be chemically pure.

The production of bacteria is favored by uncleanness in the urine receptacle. If such urine remains for a few hours in a warm room in a stoppered or unstoppered bottle, a cloud will appear, indicating the presence of bacteria in myriads. At this time no test for albumen is satisfactory. By careful filtration through many successive layers of ordinary filter paper we can remove many of them, but nothing short of porous clay is thoroughly successful. This latter method is obviously inapplicable. The moral is, never examine any but fresh urine for albumen.—*Exc.*

IMPERFORATE VULVA FROM UNION OF LABIÆ MINORÆ.

Imperforate Vagina from Enlarged Hymen (Jl Art Medical, July, 1878.)—A little child of about two years of age was observed placing her hand frequently on the genitals. She urinated with difficulty and slowly, and her clothes were often wet. Examination revealed the following condition: The labiæ majoræ were normal; on separating them, the labiæ minoræ were found united upon a median line, and joined by means of a bluish-colored raphe, going from the fourchette of the vulva to below the clitoris, which under the form of a large fleshy excrescence, constituted small rudimentary lips. It was impossible to discover the external orifice of the urethra. Immediately below the clitoris existed a small orifice through which it was possible to insert a blunt probe, which directed its course downwards towards the fourchette, passing along the posterior face of the bluish raphe, of which I have spoken.

The irritation produced by the exploration brought on at that moment an ardent desire to urinate. The child could not retain the urine, and I noticed then that the urine, flowing from a point situated behind the labiæ minoræ (which formed a barrier), accumulated between the vulva and the raphe, causing the latter to bulge forward; finally it came out in a dribbling discharge from the orifice below the clitoris. Withdrawing the probe and depressing the labiæ with the end of the index finger, I found that my finger entered into a canal, the extent of which I was able to circumscribe; this was the vagina. I incised, upon a grooved director, the bluish raphe which united the two labiæ; there was no hæmorrhage, since the raphe was composed of very fine cellular tissue, entirely devoid of bloodvessels. This operation separated completely the two labiæ, and further examination showed the vulvular orifice to be perfectly constituted, and the meatus urinarius visible. At this moment the little girl urinated with such force that the fluid describing a half circle, fell at a distance of nearly a meter. I now attempted to introduce the extremity of the finger into the vagina, but within a half centimeter I was arrested by a new obstacle, which could not be passed by a uterine sound. This obstruction was composed of a resisting, grayish membrane, of fibrous appearance, and completely closed the entrance to the vagina. Supposing that this membrane was nothing but a circular hymen, unusually developed, I made strong pressure with the sound; the membrane yielded and the

sound penetrated into the vagina. The slight hæmorrhage was controlled by diluted Arnica. The next day the child was up and playing with her toys. The urine passed freely and forcibly. She no longer places her hand upon the genitals, and is not constantly wet.—T. M. STRONG, M.D.

BALSAMUM ANTARTHRITICUM INDICUM.

DR. VON HÖLDER, of Stuttgart, reports the results of his experiments with this substance, which is the juice of a tropical tree, probably belonging to the leguminous family. The natives of the countries where the tree is indigenous, obtain the juice by boring holes in the larger branches. They employ it by inunction over the entire body, to harden the skin against the injurious action of dampness and of sudden changes in the temperature, and also to relieve rheumatic pains.

The juice is of the consistency of syrup, is cloudy, of a light-brown color, and has a peculiar, offensive odor, which becomes more marked during friction. It contains a good deal of gum, which can be removed by boiling and filtering, without essentially weakening its action, or destroying its odor.

In the treatment of both acute and chronic muscular rheumatism, Dr. Von Hölder has found the new balsam to be particularly valuable, and he gives it the preference in those affections over all other external remedies. In mild cases a few inunctions are sufficient to relieve the pains. In acute articular rheumatism he has employed the inunctions as an adjuvant to the salicylic acid treatment, and is convinced that they materially hasten the disappearance of the painful stiffness of the joints, which persists for some time after the cessation of the acute symptoms. In chronic articular rheumatism and arthritis deformans, the action of the balsam is naturally less striking; but he is convinced that it is in both, but especially the latter, a valuable addition to a well-directed course of massage. In the beginning of attacks of gout, it has proved as useless as all other external remedies, but when the inflammatory redness and pain of the joint have begun to diminish, the inunctions undoubtedly hasten the re-establishment of the normal condition. Two or three inunctions a day are sufficient, with half a teaspoonful of the balsam. It has not been used internally.—*Exc.*

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

WM. H. WINSLOW, PH.D., M.D.,
EDITOR.

Vol. I.

Philadelphia, Pa., May, 1879.

No. 5.

Editorial Department.

THE National Board of Health is a fact. While our warning was going over the rails, Congress passed and the President signed the bill which inaugurates a new era in sanitary affairs. The Board consists of eleven members. Seven are appointed from civil life by the President, and one is selected from the Army, one from the Navy, one from the Marine Hospital Service, and one from the Department of Justice, by the chiefs of these several departments of the Government.

Members receive ten dollars per diem while engaged in the public service, and they meet at the call of the President of the Board who is selected by themselves. They are to meet in Washington within thirty days, and have the power to meet in any part of this, or any other country, as occasion may demand.

The Board is to exercise a general advisory and mandatory supervision over public hygiene and quarantine, and to co-operate with municipal and State boards of health. In connection with the Academy of Sciences, they are to make a full report to Congress at its next session, and to present a plan for a National Public Health Association and the organization of inland and maritime quarantine.

The sum of fifty thousand dollars is appropriated to pay expenses, and a further sum of half a million of dollars was

incorporated in the bill, but failed to become a law owing to a clerical error in transcription. It is supposed this latter sum will be appropriated by another act of Congress very soon.

There can be no doubt that the provisions of this bill will work great good to the people of the United States, and that our sanitary affairs will receive the careful consideration of enlightened men, to their great improvement.

Individuals, corporations, and States will be placed under the surveillance of men who have the power to reform existing abuses and to prevent future crimes against the public health. By organized effort through and upon national representatives all may have respectful hearing and just consideration. The President has already appointed seven physicians, and the Governmental departments have designated their representatives. Among the former we find the name of Dr. T. S. Verdi, of Washington, D. C.

"The mills of the gods grind slowly, but they grind exceedingly small," and the face of allopathic bigotry thus gets a chiseling at the hands of the highest power of the nation, which will splinter self-assurance and smooth malice-distorted features. All honor to our President, who, beleaguered by medical politicians and the powerful organization of the old school, and surrounded by the satraps of Government patronage, has dared to do right and to give homœopathic constituents even-handed justice and national representation.

No fitter man from our ranks could have been selected. Dr. Verdi has long given close attention and study to personal and public hygiene, and by talent and force of character had won the position of President of the Board of Health of the District of Columbia. We feel satisfied that he will not only have the hearty support of his professional brethren, but will command the respect even of his opponents, though we know from bitter experience that his position will bring many trials.

Our fears that the Board would be organized exclusively for sectarian interests were happily groundless. A great step forward has been made by our school, and an excellent opportunity afforded us to prove to the world that we are not symptom thumbers nor ignoramuses, but scientific, well-educated gentlemen, with opinions entitled to consideration.

It is to be hoped that no personal jealousies nor sectional animosities will be permitted to mar the glory of our triumph, but that a solid harmonious homœopathic phalanx will march forward to the goal of universal recognition and respect by all departments of the State and nation.

THERE are two routes to our camping-ground which present many attractions; one down the St. Lawrence, and the other up the Hudson. To go one way and return the other would crowd about as much beauty and grandeur into a summer jaunt as a common doctor could stand. If he don't run through all the admiration adjectives, from absolutely superb to stupendously magnifique, before he gets back to powders and pellets, he ought to take a dose of Benzoic acid. The "Thousand Islands," the "Rapids," the "Indian Pilot," and the "patois" of the natives are the principal *points d'appui* of the septentrional peregrination; while the "Palisades," the "Highlands," the "Catskills," "West Point," "Saratoga," and the beautiful Hudson take us by easy stages from glory to glory of the American Rhine.

Let every homœopathic physician, by these pleasant paths or some other, answer to roll-call by the placid waters of Lake George the morning of June 24th, 1879.

THE duties of the editor in selecting, preparing, arranging, and composing material for this journal during the last five months have been faithfully performed, as a reference to our columns will prove. They were undertaken from a love of literary labor; from a desire to be useful to the school, and from the modest belief that we might be able, with the help of the honest men in our ranks, and the power which a good journal wields, to check the fanatical mysticism and foolishness which threaten our system with destruction.

The publishers and printers have every reason to be proud of the clean, clear printing and excellent make-up of the numbers, and our proof-reading challenges comparison with any journal in the land.

Compliments upon the matter and manner of our work have poured in upon us, and subscriptions have come in rapidly.

From the five numbers now before you it will not be difficult for you to determine whether or not the HAHNEMANNIAN deserves your approval and support.

The time has now come for you to do your duty—to forward the meagre sum to pay for your monthly pleasures, and gratitude should lead you to do this at the very earliest moment. No journal can long maintain a high standard, or any standard, unless its subscribers pay up. The business of a journal must be conducted upon the same principles as any other commercial transaction. We, therefore, call upon you to step up to the captain's office and settle, and desire to inform you that unless you do so, you will not receive any more numbers of the HAHNEMANNIAN.

Book Department.

We Dissect Books, not Authors.

CLINICAL LECTURES UPON INFLAMMATION AND OTHER DISEASES OF THE EAR. BY ROBERT T. COOPER, A.B., M.D., Physician, Diseases of the Ear, London Homœopathic Hospital. 16mo., cloth, pp. 167. For sale by Boericke & Tafel, and at all Homœopathic Pharmacies.

We have here a little work from one of our London confrères. It is a valuable brochure, and has decided merit in many respects.

The lectures are in the main well-written and show scholarship, but contain too many references to individual cases and somewhat obsolete authorities. So-called "novel ways" and "new methods" are deservedly criticized; after which the author gives us some of his own equally unnecessary, though not so bad. He is quite right in his remarks concerning the various attempts that several have made to re-vamp old ideas, and then, by giving them a sensational whirl, endeavor to entangle the uninformed, and impress them that something new and really valuable has been discovered.

We think that the book shows research, but not marked erudition. The references to authorities are in the main applicable, and their collation well made. But the author seems aware that he is a young man, and to be conscious that his statements will not bear that examination and careful analysis that he would desire, or else he is too modest for an author, and so takes shelter behind others acknowledged as authority. The work is deficient in that quiet ease which one's writings invariably acquire when the writer is modestly aware that he understands his subject equal to any, and asserts himself unostentatiously but authoritatively. This latter trait is, however, only the sequence of age and confidence. It is a marked point in Dr. Dudgeon's writings, has rapidly become such of Dr. Hughes, and is a style we all aim to reach.

We do not know what medical specialists are in England, but we do know what they aim to be here, and we presume they have a like purpose abroad. We think we shall not be out of the way if we define them to be a class of well-bred and well-informed medical men, who, in addition to at least a

thorough theoretical knowledge of the science and art of medicine and surgery, have by natural genius often, as well as by special and laborious study always, carefully qualified themselves to serve their fellow-men in a particular branch, and demonstrated this fact in their practice. We think it requires no reasoning to show that any man with any given quantity of brains, in a given time, will master better one subject than he will many subjects; and that any one who thus gives his best faculties to any subject to the exclusion of others rather deserves well than otherwise of his professional colleagues. On this side of the water at least, and personal observation on the other side shows that the medical men are not unlike ours, the whole subject cannot be mastered in one short lifetime. We would, therefore, criticize his remarks about "specialists" as unworthy the advanced thought and labor of this age, and as smacking of a spirit not in accord with intelligence.

A fellow-countryman of the author tells us that the successful practice of medicine is due to attention to little things. There could be no remark more applicable to the treatment of diseases pertaining to the ear. We are, therefore, somewhat surprised to see several of his *modi operandi*, and especially that given for so simple a thing as syringing the ear.

Any one who has been a clinical teacher for a few months even, knows that many patients have a great aversion to allowing their ears cleansed with a hospital or dispensary syringe. We have often queried as to the origin of such an aversion. But if other clinical teachers are following the method here given, we have no longer any reason to doubt that this prejudice is well-founded.

The author recommends (p. 145) that "a good-sized tumbler half full of lukewarm water, from which source you can obtain your supply each time the syringe requires filling," should be held below the ear to catch the stream as it comes out, etc. The evident filthiness of this manner of syringing, not to mention any danger of contagion, is too apparent to require special attention for its observation. Each time an injection is made, the water becomes fouler, and after the syringe has been handed around to cleanse a dozen stinking otorrhoeas one can imagine its condition! We think we can now see how a prejudice against a commonly used syringe might spring up.

Under no circumstances whatever should such a plan be followed out. An ear syringe should never be used except to throw some cleanly solution. A separate bowl (and there is nothing better than the ordinary after-dinner finger-bowl for

these purposes) should be near with hot (not lukewarm) water, and another be lightly held under the ear by the patient. From the former the supply of water should be taken each time the syringe requires filling, and the latter used for a catch-basin only.

The remedies named as useful are generally well indicated to an aurist, but not to a non-expert. We miss many that we think are important, but perhaps they are best suited to our climate.

We also venture the remark that the author has never lectured to any large class of students. We judge this from some defects, as we take the liberty to call them, in his style. There is a clear, perspicuous way of putting a subject, so that interest is maintained, the salient points are clear, and the side-remarks but explanatory. This style only comes by experience in lecturing, being plied with adroitly framed questions, etc., and is an explanation why college and hospital lecturers, as a rule, are better composers than medical men who only have private practice.

Dr. Cooper has a free style and energy. They command our admiration, and we shall heartily commend the work, because it is a good one—true and honest in its endeavors. We need all styles in our libraries; each one awakens new thoughts, and directs our minds in new channels of study.

C. H. VILAS.

CHICAGO, ILLINOIS.

A MANUAL OF PHYSICAL DIAGNOSIS. BY FRANCIS DELA-FIELD, M.D., AND CHARLES F. STILLMAN, M.D. New York, 1878. A quarto, pp. 30, interleaved. Published by William Wood & Co., Great Jones Street, New York.

This is another work upon methods of examination of patients to determine what is the matter. It follows just on the heels of the excellent manual by H. C. Clapp, M.D., of Boston, and the two in any man's possession will enable him to go a long ways in the detection of departures from normal physiological conditions. With Walsh, Flint, Gibson, and Da Costa, they form a library of great value. We like the plan of this latest essay, because it gives most exact and condensed descriptions of regions, their normal characteristics, and their abnormalities, and encourages the student to make careful comparisons at the bedside, where alone diagnosis can be properly studied.

The arrangement is systematic, natural, and progressive, and

one can not read through the book without recognizing its clearness and cuteness. There are two plates, each made up of superimposed parts representing the organs. We lift a naturally colored skin with muscle, fascia, and nipple-marks, and see the ribs and their cartilages over the naturally colored lungs and liver; turn back the ribs, then the two lungs, and expose the great vessels, pericardium, diaphragm, and liver; turn back the diaphragm and expose the heart, with clearly marked divisions and the liver. The different appearances constitute a graphic panoramic paper post mortem.

The book should be in the hands of every one, and especially those of students, who must supplement it by the more comprehensive and advanced work of Dr. Clapp.

One does not need to praise the workmanship of the volume; its publisher's reputation always insures excellent typographic work and handsome bindings. Send orders to the publishers, or to any of our pharmacies.—ED.

REST AND PAIN: A COURSE OF LECTURES ON THE INFLUENCE OF MECHANICAL AND PHYSIOLOGICAL REST IN THE TREATMENT OF ACCIDENTS AND SURGICAL DISEASES, AND THE DIAGNOSTIC VALUE OF PAIN. BY JOHN HILTON, F.R.S., F.R.C.S., ETC. LONDON, ENG. One of the "Library Edition" of William Wood & Co., New York; a reprint in clear type and beautiful binding, which this enterprising firm is offering to the profession, by subscription, for the low price of one dollar.

The work was originally published more especially for the students of Guy's Hospital, but will doubtless be equally interesting to students and practitioners elsewhere.

As we look over the pages, we read the following propositions, which are illustrated by cases cured by rest applied properly from a correct knowledge of the source of lesion.

"Pain on the surface of the body is expressed by the nerve which resides there. Somewhere in the course of the nerve distribution, between its peripheral termination and its central origin, the precise cause must be situated.

"Superficial pains on both sides of the body, which are symmetrical, imply an origin or cause which is central, and unilateral pain implies a seat of origin which is one-sided and as a rule exists on the same side of the body as the pain.

"The same trunks of nerves, the branches of which supply the groups of muscles moving a joint, furnish also a distribu-

tion of nerves to the skin over the insertion of the same muscles, and the interior of the joint receives its nerves from the same source."

The author recognizes the wonderful power of nature to cure disease and repair injuries. He considers rest—mechanical or physiological—the chief of natural therapeutics. Pain, is the prime agent compelling man to seek for rest when suffering from accidents. He would produce rest by position, use of opiates, incising the exposed nerve filaments or sensitive spots, or by an operation.

This method of treatment is explained by a variety of cases. Among these are "brain fag" of the overworked business man, concussion, sinuses, fistula, pelvic abscess, diseases of the hip and knee-joint.

The work is too well known to need further comment. It is unique and interesting, and should be in the library of every practicing physician.—MILLIE J. CHAPMAN.

THE HOMŒOPATHIC EXPOSITOR. A Quarterly Journal, edited by Edward J. Morgan, Jr., M.D., Ithaca, N. Y.

The first number of Vol. I. has been received. It is to be devoted to the education of the people upon medical subjects. The articles have been carefully and judiciously selected.

It is a work which must advance the cause of homœopathy, by presenting to the public a correct idea of the therapeutic law of similia, in contradistinction to the distorted and malicious exposition put forth by its enemies. We bespeak success for the new candidate for editorial honors. Homœopathy has been well planted in this section of New York State by the father of the editor, and we are convinced there will be no retrogression under the energetic enthusiasm of the son.—T. M. STRONG.

LECTURES ON LOCALIZATION IN DISEASES OF THE BRAIN. Delivered at the Faculté de Médecine, Paris, 1875. By J. M. CHARCOT, Professor in the Faculty of Medicine of Paris; Chief of the Salpêtrière Hospital; Member of the Académie de Médecine, etc. Edited by Bourneville. Translated by Edward P. Fowler, M.D., New York. Published by William Wood & Co., 27 Great Jones Street, New York city, 1878. Pages 134, 12mo., in cloth.

Anything coming from the brain of Prof. Charcot, of Paris, is sure to attract the attention of the profession, and to be carefully read. In neurological science he has no superior, and

his acuteness of observation and boldness of innovation startle us. He has worked long and faithfully at the clinical enigmas which are ever present in all communities, and has done much to bring order out of chaos, and to establish principles of rational practice. From a clinical standpoint, cerebral localization of disease has been in a measure uncertain and deceiving, but physiological experiments have offered their clear, precise data as aids, and our knowledge of brain lesions has been greatly augmented and systematized. "Charcot's superstructures are always built with great care and reserve upon the secure basis of induction, though he is none the less resplendent in the rich harvest of deduction which naturally follows."

This work presents information furnished by normal anatomy, experimental physiology and clinical observation, is illustrated by numerous plates, and will prove of great value both to the specialist and the general practitioner. The translator has done his work well, and the style of printing and binding is durable and neat.—ED.

COUGHS AND THEIR CURE. By E. B. SHULDHAM, M.D., M.R.C.S., M.A. OXON., ETC. 24mo. cloth. Pp. 244. Published by "The Homœopathic Publishing Company," London, England. For sale by Boericke & Tafel, New York and Philadelphia.

The writings of this author are too well known to require praise from us. His English is pure and forcible, and his sentences harmonious. Though the above work is semi-social, designed and recommended for patients, there will be found much of value to physicians, especially such as have had a meagre mental furnishing, and have awakened to a realizing sense of their deficiencies. We don't like medical books written for the laity and the profession; they are generally too profound for the former, and too puerile for the latter. This one, however, seems to be very harmoniously adapted to both classes. We guarantee it will open many sleepy eyes.

The white margins are adorned with many apothegms: "Relaxed uvula a foe to pulpit oratory; neither warm churches nor lozenges are good for the relaxed uvula; power of east wind for doing harm."

Croup is simply dramatic: "The plot thickens; the warning note; medical help." Other phrases strike home, such as: "Aconite to the rescue; a tale of Margate; the bronchitis

kettle ; an invitation to pneumonia ; a dip in the sea ; the cold wind can blow at St. Leonards ; where is Davos ?" You'll not find out till you read the book ; and, if you want to see how much poetry and élan the author has mixed up with his physic, what a real nice thing it is to be a doctor, and able to dream and to philosophize, buy it and you'll never regret it.

The parts on climate are exceptionally good, and we agree with the author that, where there are the most sunny days is the place for the consumptive—

" Know'st thou the land where the spiced citron blows ?
In foliage dark the golden orange glows.
A gentle wind breathes from the deep blue sky,
The myrtle stands so still, the laurel branch so high.
Know'st thou it well ? Oh, there with thee
Would I, my heart's beloved, gladly flee."

" Don't travel in the beginning of August. . . . Wait instead till the middle of October, when leaves are falling and rooks are cawing, and the autumn mists are creeping around our English homes."—ED.

HEALTH PRIMERS.—We have received from the publishers, D. Appleton & Co., of New York, the first four numbers of their projected series of Health Primers. These numbers are entitled, " Exercise and Training ;" " Alcohol : its Use and Abuse ;" " The House and its Surroundings ;" and " Premature Death : its Promotion and Prevention." The topics to be treated of in this series of Primers, have been chosen by a competent committee, and the task of preparing the treatises has been assigned to some of our ablest and best-known medical writers. They are not technical works, but merely pocket manuals for unprofessional readers. The subjects discussed are of vital interest to all, and the Primers embody in a brief compass the results of the latest and best scholarship upon the various topics. They deserve a wide circulation. The price is only 40 cents a volume. T. J. C.

A FRIEND has given us a communication upon the Institute meeting, which saves the necessity of making an extended notice here. We shall endeavor to give a little more specific news about Lake George in our next number.

ARTICLES for publication in this journal must be in the hands of the editor the *first week* of the month before that of issue.

Gleanings.

OUR NATIONAL RECOGNITION.—Dr. Tullio S. Verdi, of Washington, D. C., one of the leading homœopathic physicians in the country, and a graduate of the Hahnemann Medical College of Philadelphia, has been appointed by the President, and confirmed by the Senate, as a member of the National Board of Health, organized during the past week in accordance with a recent act of Congress.

This is an important event in the history of our school, being the first instance known to us of a homœopathic physician being appointed to any medical office under the General Government. Hitherto the self-styled "regulars" have had a close mortgage on all United States offices. The medical corps of the United States Army, United States Navy, the United States Marine Hospital Service, have never yet admitted a homœopathic surgeon into their ranks, and the former has in its published regulation a proviso that candidates must be graduates of a regular medical college. Homœopathic surgeons were in the United States Army during the late war, but only as surgeons of volunteers. The regular army or navy has never known one of them, and this governmental discrimination against homœopathy has been carried so far as to exclude all mention of our nine colleges, two of them State institutions (Michigan and Iowa) from the monograph of the United States Bureau of Education on *Medical Institutions and Medical Education in the United States of America*, 1776—1876, prepared by Dr. N. A. Davis, of Chicago, Ill.

Our colleges are wanting in self-respect and dignity if they do not see that this exclusion of their graduates from national employment is brought to an end. The issue should be made by educating a few students with special regard to the grinding examination they would undergo at the hands of the examining board, and getting nominations to the army and navy for these men from the President.

In the European estimation our school is not yet recognized in this country. The writer has been frequently asked in England, if a graduate of a homœopathic college can get into the United States Army, as a surgeon.

Let the colleges look to this matter. They are the parties most interested. —SAMUEL POTTER, M.D.

"REGULAR" MEDICAL COLLEGES AND "REGULAR" PRACTITIONERS OF MEDICINE.—The following is a portion of the introductory address of Dr. Dowling, at the last commencement of the New York Homœopathic Medical College: "In an article which recently appeared in a prominent New York journal, entitled 'Doctors by Battalions,' the homœopathic school was spoken of as an irregular college. This we have submitted to when coming from those *known* to be antagonistic to our school, and we have without protest seen the three old-school medical colleges of this city referred to in their medical journals as *the three medical colleges* of New York, ignoring our college, and speaking of their graduates as regular physicians, hailing from regular medical colleges. I say, we have submitted to this, coming from *them*, without protest, but when a leading and liberal New York journal speaks of our school as an ir-

regular college, we must respectfully ask them to define the word 'regular.' The three medical colleges referred to received their charter from the legislature of the State of New York, conferring upon them the right to grant degrees, etc. The same legislature granted a like charter, conferring the same privileges upon the Homœopathic Medical College. We, consequently, deny the right of the old-school colleges to monopolize the word *regular*, thus implying that all apparently differing in views from them are irregular. We contend that every regularly chartered medical college is a regular medical college; that every graduate of a properly chartered medical college is a regular practitioner of medicine.

"In connection with a bill now before Congress for the establishment of a national board of health, in which there appears a clause, that the officers of said board must be graduates of regular medical colleges, I addressed a letter to a prominent United States Senator, asking him to obtain, if possible, from the regularly established authorities of the Government an opinion as to what was meant by the term regular in this connection. In his answer to me, he stated, 'It is the opinion of our best legal minds, that the words "regular medical college" should be construed as favoring your view of the case,'—which is, that all regularly chartered medical colleges are *regular* medical colleges, without regard to peculiar views as to the proper treatment of disease. We, therefore, pronounce you, gentlemen of the graduating class, to be '*regular* practitioners of medicine, and graduates of a *regular* medical college.'"—*Ext.*

COPAIVA BALSAMUM, IN ITS RELATION TO ERYTHEMA NODOSUM (*L'Art Méd.*, August, 1878).—Dr. Ravel, quoting from numerous authors, says: Copaiva given in too large doses or too long, affects the disposition, develops fever, cephalalgia, palpitation of the heart. Fever returns for several days, with chilliness in the morning; general heat in the afternoon, with thirst.

The copaiva is a very active stimulant of the entire organism; produces heat and stinging in the throat, with heat in the stomach; mouth dry; lips and tongue red; it augments the general heat; the frequency of the pulse, and cutaneous exudation. It acts especially upon mucous membranes, producing nausea, colic and purging. Digestion is retarded and painfully increased by the sensitiveness and pains in the epigastrium. It excites also the bronchial mucous membrane and the urinary passages; secretion of urine is increased. Red miliary eruption appears, sometimes light, at other times abundant, preceded by cardialgia, vertigo, and nausea. We have sometimes an eruption coming on several days after the use of the copaiva; it may be slow in its development, and locate upon the wrists, hands, knees, ankles, and feet; at other times it develops rapidly, and invades at the first onset the entire surface of the skin, and is accompanied by some febrile phenomena. It is characterized by rosy or red spots, disappearing under pressure; the spots are round, or with uneven edges, and are separated by intervals of healthy skin; or they unite together, and form large red spots, accompanied with itching, sometimes slight, but at other times severe. If the medicine is stopped, the eruption disappears rapidly; but if it is continued, the spots transform themselves into distinct papules. In rare cases, the region becomes tumefied, painful, and impeded in its movements.

The eruption is due to the elimination of the medicine by the skin, and the irritation produced in consequence. The balsamic roseola must not be confounded with measles or scarlatina, diseases which are preceded by special prodromata, regular stages, etc. Syphilitic roseola has a slow onset; is accompanied with engorgement of the lymphatic ganglia; is not marked by itching or pricking; appears on the breast, sides, abdomen, and thighs. Urticaria differs from the roseola by the existence of red papules on the circumference; discoloration of the centre; excessive itching; disappearance after a few hours.

The eruptions of copaiva are characteristic, and should be of service in this class of diseases, especially in erythema nodosum, a very complete picture of which is given above.—T. M. S.

ERYTHEMA NODOSUM AND ARNICA MONTANA (*L'Art Méd.*). Dr. Ravel.—Some authors consider this disease to constitute the grave form of essential erythema; others, that it is a disease *per se*, similar to the eruptive fevers, with which it is classed. There are some, again, who believe it to be an accompaniment of rheumatism, which is denied by others. Finally it is considered a complication not only of rheumatism, but also of gonorrhœal arthritis, and even of syphilis.

Because the articular pains which go with erythema nodosum depend upon an arthritis or arthralgia, is no reason for including it in the history of rheumatism. Dr. Jousset has well said: "Under this head (rheumatism), authors confound still many different affections. They pronounce as rheumatism a class of diseases characterized by pain, and various symptoms aggravated by damp cold weather. This artificial classification, which includes acute rheumatism, gout with nodosities, gonorrhœal, scarlatinal and puerperal arthritis, myalgia, symptomatic of gout and hysteria, recalls the class of scorbutic diseases of the last century, and should not be retained in nosology. Under the name of rheumatism should be considered only one essential disease, viz., acute articular rheumatism."

Niemeyer says: "Erythema nodosum is distinguished from papular or tubercular erythema by its appearance in young subjects, and more often in females than in males. The lower extremities, especially the leg, are the seat of the eruption. It is composed of small circumscribed infiltrations, accompanied with bloody extravasations into the deeper layers of the skin. At first we observe nodosities of round form, from the size of a hazelnut to a walnut, with the skin but slightly reddened. These nodosities are painful to the touch, and resemble the lumps produced by blows (dermatitis contusiformis). The rosy tints of the skin become little by little of a deeper color, and passing through violet and blue, become finally green and yellow, a succession of colors which we observe in extravasations into the cutaneous tissue from traumatic causes. Erythema nodosum is always accompanied by a fever, which weakens the patient and obliges him to keep his bed; the duration of the disease is generally from one to two weeks, although it may happen that several successive attacks may appear. The disease generally terminates in desquamation."

Hebra says the disease is to be treated according to the complication with which it occurs. . . . "I am not able to ascribe a reason

for those who use Arnica, on account of the action of this remedy, unless one wishes to content himself with homœopathic doses."

Arnica produces in healthy persons "rheumatic pains; reddish, blue or yellowish spots, like contusions; fever, pains in the head; eyes red, inflamed; ringing in the ears; nasal hemorrhage; tongue covered with white coating; burning in the throat; thirst; loss of appetite; vomiting." From this, it would seem as though Arnica in small doses was well indicated for treatment; a fact which Prof. Hebra also saw only imperfectly, prevented as he was by the terror of the infinitesimal dose. Prof. Behier, in lecturing upon a case under his care, which had been complicated with excessive nasal hæmorrhage, called the attention of his hearers to what he considered an important fact, viz., "The knowledge that erythema nodosum would produce hæmorrhage, each little nodule carrying in its centre a small hemorrhage; and there is not only a local hæmorrhagic eruption, but, also, the epistaxis which confirms it."

Among the remedies which may be of use in the treatment of ecchymoses and sugillations, we mention: Bry., Cepa, Conium, Lachesis, Nux vomica, Rhus tox., Sulphuric acid, Calc. Carb., Cinchona, Dulc., Plumb., Sulphur, Silicea.

In regard to hygienic treatment: "It is very important that the patient maintain, without interruption, the horizontal position in the bed until the spots have disappeared, and even for some little time after."—T. M. S.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.—The meetings of the Society, during the fall and winter months, have been interesting and instructive. The officers of the Society are: DR. JOHN K. LEE, *President*; DR. E. A. FARRINGTON, *Vice-President*; DR. A. H. ASHTON, *Treasurer*; DR. CHARLES MOHR, *Secretary*; DR. JOHN C. MORGAN, *Scribe*; DR. H. N. GUERNSEY, DR. AD. LIPPE, DR. C. E. TOOTHAKER, *Censors*; DR. AD. LIPPE, DR. E. A. FARRINGTON, *Committee on Proving*; DR. J. C. GUERNSEY, DR. AUG. KORNDORFER, *Committee on Prevailing Diseases*.

The members, about seventy in number, are taking a more lively part in the proceedings, and there is no dearth of practical papers, which elicit discussions that are to the point, bringing out many useful hints from our observing practitioners. Among the papers presented during the last five or six months may be mentioned the following: Clinical Cases Illustrating the Principles of Homœopathy, by H. N. Guernsey, M.D.; A Case of Puerperal Convulsions, by E. A. Farrington, M.D.; The Drainage Question, by B. W. James, M.D.; Illustration of the Homœopathic Principles, by Ad. Lippe, M.D.; Diseases of the Skin and their Treatment, by H. N. Guernsey, M.D.; How Condensed Milk is Prepared—Its Use as an Article of Diet for Infants, by Jos. C. Guernsey, M.D.; and Stenosis of the Cervix Uteri, by H. N. Guernsey, M.D.

The membership of the Society is increasing; many of the younger members of the profession are joining. CHARLES MOHR, M.D.,
Secretary.

ADHERENT PLACENTA. Abstract from Minutes of Homœopathische Central-vereins Deutschlands, meeting held in Weimar. (*Allgemeine Homœopathische Zeitung*, December 17th, 1878).—In the previous number of this journal, we reported in detail the discussion which arose in consequence of Dr. Lissau maintaining that the re-

removal of an adherent placenta required no mechanical aid ; that our homœopathic remedies were sufficient for that purpose, and that their use was less liable to be followed by puerperal fever, etc. The discussion was continued by Drs. Teishmann, Goullon, Fisher, Freytag, and Mayländer.

Dr. Teishmann reported a case which showed the necessity and purpose of manual interference.

Goullon, Jr., called attention to the doubtful and dangerous results of waiting. The patient cannot be left before the placenta is expelled. This is, under certain circumstances, according to our laws a punishable offence.

Dr. Lissau admits that he does not leave his patient so long as there is danger, and returns at least every three or four hours.

Dr. Fisher was opposed to Dr. Lissau's views. As an old accoucheur, supported by abundant experience, he showed by cases from his own practice, that the artificial removal of the placenta when done skilfully, can be accomplished without the least danger to the patient ; that it must be done in order to avoid the gravest results. Theoretically, there is nothing opposed to such a procedure. He asked Dr. Lissau how he explained the separation of the placenta by the use of Pulsatilla ; to which Dr. Lissau answered, by the contraction of the uterus, without taking into consideration Dr. Fisher's remark, that the placental adhesion was due to cicatricial tissue. He further remarked that in twenty-five years' practice, he has often seen the placenta expelled after waiting for two to three days, by giving the homœopathic remedies without the least injurious results. He was sure that the placenta in each of these cases was adherent.

Dr. Freytag has had the opportunity to yearly observe several cases, and in his experience he has found that Pulsatilla and Secale were now and then good remedies to promote contractions and arrest hæmorrhage, but they have often left him in the lurch. He holds it to be the duty of every obstetrician not to wait on these unreliable remedies, but to proceed at once to remove the placenta by mechanical means, as this will be more difficult to accomplish after hæmorrhage is arrested and the uterus more contracted. In reference to puerperal fever, it is an established fact among obstetricians, that the injuries produced by the artificial removal of the placenta rarely give rise to it, but that the remaining putrefying portion causes it by septic processes in the uterus. Add to this the threatened danger of metrorrhagia, the separation of the placenta is an *indicatio vitalis*, therefore he holds it to be the duty of every conscientious physician to interfere at once, and not for the sake of principle neglect the favorable opportunity to make use of a reliable measure. This is also the view taken by the penal laws, as a case recently tried in Leipzig has shown.

Dr. Lissau still maintains that he has never regretted not being over hasty in removing the placenta.

Dr. Mayländer fully agrees with Drs. Fisher and Freytag. He is also of the opinion that an obstetrician who neglects mechanical means at the proper time, would burden his conscience.

The danger of injury to the inner surface of the uterus immediately after delivery is much less, as it is more intact, than when the detachment of the membrane and placenta has already begun, and this is combined with the slight septic process which usually commences twenty-four hours after ; therefore puerperal fever is rather avoided than brought on.

According to his own, and the observation of others, there are two important things necessary : 1. That the obstetrician should always see that his hands are clean ; that each time before introducing his hands into the uterus, they should be well washed with soap, so as not to carry in septic poison. 2. That where found necessary to use mechanical means, the uterus should be disinfected at once, which is best done by injecting a hot solution of Carbolic acid.

Since this plan has been strictly carried out, not one case of puerperal fever has occurred at the Charité in Berlin. There need be no fear of the temperature of the water, as the uterus will admit of the use of water at 40° (104° F.), and thereby be induced to firmer contraction. By this proceeding, all danger from injury to the uterus is avoided.

Dr. V. Wachter says that in his experience, in about six hundred cases when this operation was performed, the results have been as good as that at the Charité.—C. P. S.

CASES FROM DAILY PRACTICE, BY DR. C. KOCK (*Allgemeine Homœopathische Zeitung*, No. 25.) CASE 1.—In July, the teacher at Willig wrote me, that the miller of the village was insane. He had an attack of typhoid fever in February, 1876. It was soon discovered that the sickness was inflammation of the brain. There was no improvement ; that is, the fever disappeared, but the delirium remained, as well as the manifestations of cerebral exudation, the absorption of which could not be induced by any possible means. This was the opinion of the attending (allopathic) physician. He recommended that the patient be removed to an insane asylum, which was not done, because the family desired to try homœopathy. The teacher wrote a report of the case, including the pathological condition as stated by the physician. In consequence of this report, which was well defined, I sent the patient Sulphur 15th potency, for the purpose, if possible, of causing absorption of the exudation.

In a month I received a letter from the same writer containing the following statements : "The miller has a peculiar dull pressing pain which he never had before, at the root of the nose, passing down on the side, often reaching the teeth. Some days he is very sleepy ; sometimes the sleep is refreshing. Great appetite ; digestion good. He again delights in attending his mill, and speaks to the people. . . . I sent him Zincum met. 6th dilution. Two months later I met my patient for the first time ; not a trace of his recent illness could be observed."

CASE 2.—I was requested to prescribe for the cook of a preacher in the neighboring town, who, according to the statement of the physician, was insane, and should be removed to an insane asylum. The patient was thirty-three years old ; would rather have married than be a domestic. She had been sick for some time, was confined to bed, and had constant application of ice to the head. Was always delirious ; had twitchings and cramps, raved about the devil, etc. She was now out of bed, but had to be kept under observation, because she was very unchaste in her speech, as well as indecent in her demeanor.

The urine had a peculiar grayish-red color, specific gravity 1010, and contained no foreign ingredients. That celebrated remedy *Hyoscyamus*³ acted quickly and promptly ; in four weeks I was introduced to the patient, who had completely recovered.

CASE 3.—Patient, aged twenty-three years, who, after being sick for some time, showed signs of insanity. He kept up a constant screaming, followed by a jerk through the whole body, which would throw his arms and feet up. I sent him Stramonium. In five days his father called and reported him much quieter; that he could speak quietly and sensibly. He could sleep now, while formerly he screamed the whole night, and that he could describe his sufferings. He had violent headache and nausea; much thirst, but urine was scanty. The urine contained albumen, and foamed from its carbonate of ammonia. (?) Prescribed Cuprum. Four days later the father again returned and reported extraordinary improvement, at the same time he showed me a paper from the court, which stated that his son had been declared insane, upon the evidence of the previous attendant, and that his son must be placed in an insane asylum, which was done, notwithstanding the remonstrance of the father.—C. P. S.

HOMŒOPATHY IN NEW JERSEY.—Camden County, New Jersey, scores another triumph for homœopathy. The Board of Freeholders having found it very expensive to support its pauper insane at the State asylums, has had a commodious and well-appointed building erected at Blackwoodtown for their especial accommodation.

When the question of a medical attendant came up, our allopathic brethren had a scheme all cut and dried for the election of a friend of the county physician, who, it was understood, was to purchase his drugs from a well-known druggist of this city. These facts coming to the ears of the Homœopathic Medical Society of Camden, it was determined to see if the election of a homœopathic physician could not be secured. In this they were aided by prominent members of the board, who were strong believers in homœopathy. Having secured letters from a large number, including many of the heaviest taxpayers of the county, our committee went before the asylum committee of the board, presented their arguments and recommendations, and strenuously urged the appointment of Dr. S. H. Quint, who, at the request of the Society, had previously made a formal application for the position.

After a long and stormy session, the friends of homœopathy were successful, and the institution passed into the fostering care of our benign system of practice.

Dr. Quint, the new superintendent, is a graduate of the Hahnemann Medical College of Philadelphia, and has been in the practice of medicine in the city of Camden for nine years. He is in every way qualified for the position, and takes the place more in the interests of homœopathy at large, than for any pecuniary considerations, as the salary is very small. He needs the moral and intellectual support of the entire profession, and he hopes to show such favorable results, and so much saving to the county in point of economy, as shall insure the permanence of this asylum as a homœopathic institution.

We expect to make this the opening wedge to a recognition in other public institutions in this State; for while we do not, like our allopathic brethren, ask for everything to be put into our hands, we do demand an equal chance with the old school, and the homœopathic clientage is already so large that we can soon demand our rights at the ballot-box.—E. M. HOWARD, M.D.

MEETING OF THE EXECUTIVE COMMITTEE OF THE ANATOMICAL SOCIETY OF ALLEGHENY COUNTY.—A pleasant session was

held, February 7th, at the house of Dr. W. R. Childs, to arrange the course of lectures for the year 1879.

After a careful consideration of previous courses delivered, the following list of subjects was adopted: Intestinal Tract, Mechanical Principles of the Skeleton, Anatomy of Skin, Anatomy of Ear, Anatomy of Eye, Nasal Fossæ and Diverticula, Larynx and Trachea, Peritoneum, Arterial System, Venous and Lymphatic Systems, Male Genital Organs, and Female Genital Organs.

One lecture is given every month in the hall of the Society, where there are specimens, appliances, and facilities for abundant illustration. Each year certain tissues and structures are considered in their microscopical and macroscopical characteristics. The discussions elicited by each subject tend to refresh the memory upon all collateral branches, and prove very instructive to all.

After disposing of the business of the meeting mentioned, an adjournment was carried, and the committee were refreshed by a bountiful collation, and "a feast of reason and flow of soul," for which Dr. W. R. Childs's establishment has an established and enduring reputation.

The famous Hahnemann Club of Philadelphia, and the Anatomical Club of Pittsburgh, are justly celebrated for their progressive spirit and industrious pursuit of science. We are glad to chronicle the workings of such associations, that the profession at large may feel stimulated to "go and do likewise."—ED.

BUREAU OF MATERIA MEDICA, PHARMACY, AND PROVINGS, IN THE AMERICAN INSTITUTE OF HOMŒOPATHY. SPECIAL SUBJECT TO BE REPORTED UPON AND DISCUSSED AT THE NEXT MEETING: DRUG ATTENUATION IN HOMŒOPATHIC THERAPEUTICS.—1. History of drug attenuation in homœopathic practice up to the death of Hahnemann, with a statement of its objects and methods.

2. History of drug attenuation in homœopathic practice since the time of Hahnemann, with a statement of its objects and methods, with especial reference to variations from those approved by Hahnemann.

3. The means employed in drug attenuation, what they should be, and the dangers of impurity.

4. The limits of drug attenuation, or proofs of drug presence in attenuations above the third decimal, from the standpoint of the scientist.

5. The limits of drug attenuation, or proofs of the presence of medicinal power in attenuations above the sixth decimal, from the standpoint of the therapist.

Items of information, bearing upon any part of the subject selected by the bureau, sent by members of the profession, will be thankfully received and properly considered.

J. P. DAKE, M.D.,

Chairman.

NASHVILLE, TENN.

A SOLUTION OF CHLORIDE OF SODIUM of a strength of thirty-three per cent., when mixed with pus in a test-tube, sinks below the pus. In pleuritic effusions, Dr. D'Aulnoit was enabled to raise up and remove the last purulent traces, and to cure an almost desperate case. He uses the solution as a wash and dressing for abscesses, and highly extols it.—*Ext.*

A PITHY ADDRESS.—Chancellor Crosby, at the recent commencement exercises of the Medical Department of the University of New York, made a plain and practical address, in which he presented the following aphorisms: 1. "A rolling stone gathers no moss," or, "An itinerant doctor gets no practice." A restless fisherman don't get bites, but goes home at evening with an empty basket. 2. "The early bird catches the worms." If the doctor was ready on call, the people would be ready with their calls. 3. "Pleasant words are health to the bones," which might be read, "A doctor's cheerfulness is often as good as his physic." 4. "Take care of the pennies and the pounds will take care of themselves." 5. "Industry wins the prize." 6. "Nip mischief in the bud." The address was closed by giving the graduates a few general sentiments, such as, "Yours is a profession and not a trade. The object of a trade is to make money; the object of a profession is to bless mankind."—*Ext.*

PAIN FROM SULPHATE OF COPPER.—The use of bluestone in trachoma and granular lids causes considerable pain for some time after application. Dr. Pich says, insufflation of *Mercurius dulcis* upon the stimulated and painful conjunctiva will immediately relieve all pain.—*Ext.*

SIR WILLIAM JENNER has resigned his professorship in University College Hospital, London. One day he went into the pathological laboratory and remarked how few students were present. "Its Derby Day," said his house-physician. "Derby Day, sir!" said Jenner, with unconcealed surprise, "when I was a student, I knew as little when it was Derby Day as when it was Trinity Sunday."—*Ecc.*

DOCTORS H. T. AND H. P. GATCHELL have located at 27½ Whitehall Street, Atlanta, Georgia.—*Ed.*

DIED.—Dr. I. BRUGGER, of Lewisburg, Pa., who studied medicine at the University of Freiburg, Germany, and embraced homœopathy after he came to this country, died last month. He was known over a large section of country, and was much respected for his scholarly character and honorable life.—*Com.*

DR. D. G. MCGUIRE, of Detroit, Mich., read a paper on "The Abuse of Atropia Sulphate in Ophthalmoscopy" before the O. and O. Society at Put-in-Bay last June. It was unfortunately omitted from the Report which we reviewed in last number.—*Ed.*

THE NEW YORK OPHTHALMIC HOSPITAL held its annual commencement and reception March 6th. Four doctors took the certificate of the institution.—*Ed.*

DR. J. H. MCQUILLEN, a graduate in dentistry and in medicine, Professor in the Philadelphia Dental College, editor of the *Dental Cosmos*, and Secretary of the Microscopical Section of the Academy of Natural Sciences of Philadelphia; an able scientist, and amiable, cultured gentleman, died of congestion of the brain, from excessive mental exertion, in Philadelphia, March 3d. His demise leaves a painful void in professional circles, and he is mourned by a large number of persons in all ranks of society.—*Ed.*

JOHN M. WOODWORTH, M.D., Surgeon-General of Marine Hospital Service, died of typhoid-pneumonia, March 14th.

INDIANA INSTITUTE OF HOMŒOPATHY met at Indianapolis, Indiana, April 30th, for a two days' session. There was a large and enthusiastic meeting, and we expect to present a report in next number.—*Ed.*

DRS. JOHN B. McCLELLAND AND CHARLES H. HOFMANN, of Pittsburgh, have been appointed internes at Ward's Island Homœopathic Hospital, and have entered upon their duties.—*Ed.*

UNIVERSITY OF MICHIGAN, HOMŒOPATHIC DEPARTMENT.—The third annual commencement exercises of the Homœopathic Department took place in University Hall, on Wednesday, March 26th; the hall being well filled with the *élite* of the city, and distinguished persons from all parts of the State. Upon the stage was the President of the University, the College faculty, and distinguished representatives of the system from home and abroad. Professor Spiel's Detroit Opera House band discoursed delightful music, and the exercises were of the most entertaining kind.

After an invocation to the Most High by Rev. Wylls Hall of the Episcopal Church at Ann Arbor, followed by touching strains of music by the band, the degree of Doctor of Medicine was conferred upon the following graduates, viz.:

Alvin Byron Allyn, Ann Arbor; Archibald Herbert Babcock, Jamestown, N. Y.; John Coolidge, Wellsboro, Pa.; Jabez Percy Duke, Jr., Nashville, Tenn.; John H. De May, St. Johns; John Wesley Dill, Ladoga, Ind.; Mary Tanner Dill, Ladoga, Ind.; James Henry Enloe, Nashville, Tenn.; Peter Erb, Buffalo, N. Y.; Lottie Elizabeth Fitzgerald, Detroit; Phœbe Ann French, Jackson; Leonard Edwin Gallup, Marshall; Oscar Samuel Hartson, Ann Arbor; Edward Augustus Lodge, Detroit; Daniel A. McLachlin, Aylmer, Ontario; Charles Osborne Padley, Muskegon; Eugene Clarence Story, Greenville; Charles Martin Wælder, Hannibal, Mo.; Aaron Robert Wheeler, York; Amos Hiram Winslow, Ann Arbor; James Craven Wood, Monroe.

After conferring degrees, the Hon. J. B. Moore, S.S., of Lapeer, Mich., delivered an excellent address upon the history of the University, and a physician's duties and responsibilities. The valedictory was then given by Professor E. C. Franklin. It was full of earnest words of counsel, congratulation, poetry, and pathos, and was listened to with close attention throughout.—*Com.*

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE—The spring course has opened with quite a large class. The corps of lecturers comprises the following gentlemen, many of them not connected with the college faculty:

Prof. S. Lilienthal, M.D., on Paralysis and Kindred Diseases; Prof. F. S. Bradford, M.D., on Valvular and Nervous Affections of the Heart, and on the Principles of Homœopathy; Prof. J. W. Dowling, M.D., Medical Clinics and Physical Diagnosis; Prof. W. T. Helmuth, M.D., Surgical Clinics; Prof. S. P. Burdick, M.D., on High Potencies, their Use and Abuse; Prof. C. Th. Leibold, M.D., on Glaucoma and Sympathetic Ophthalmia; Prof. J. T. O'Conner, M.D., on Materia Medica; Prof. H. C. Houghton, M.D., on Aural Diseases; John Butler, M.D., on Electro-Therapeutics; W. N. Guernsey, M.D., on Obstetrical Operations; M. Deschere, M.D., on Urinary Deposits; N. A. Mosman, M.D., on Uterine Deviations; F. H. Boynton, M.D., Genito-Urinary Clinics; L. L. Danforth, M.D., on Puerperal Diseases; D. B. Hunt, M.D., on Ophthalmology in General Practice; W. Y. Cowl, M.D., on Autopsies, and the Immediate Causes of Death; B. G. Carlton, M.D., on Pathological Anatomy; G. M. Dillow, M.D., on Diseases of the Kidneys.—*Com.*

THE CHICAGO HOMŒOPATHIC COLLEGE.—The commencement exercises were unusually pleasant and largely attended. Professor Danforth delivered the valedictory address for the faculty, and Dr. W. Ficknoll for the class. We granted fifty-three *ad eundem* degrees, principally to graduates of the Hahnemann Medical College, Chicago, who went forth from that institution while members of the faculty of the Chicago Homœopathic College were connected with it as teachers. The following is the list of graduates in course :

Daniel Bartlett, C. F. Bassett, Victorine D. Boyle, John A. Campbell, Robert W. Conant, Julius K. Elms, Carl Fabur, J. Wakefield Fisher, Willis Glidden, William H. Hanchett, Charles Harbach, Albert W. Hurman, Walter T. Knoll, William B. Krider, William D. Lawrence, Frank G. Legg, Louis Loewenthal, Frank H. Newman, William L. Northway, Ludwig Pauly, Jared D. Purdy, D. R. Richardson, Solon D. Ross, Margaret L. Sabin, Frederick Scheureman, Jennie E. Smith, Harriet E. Stansbury, Harry L. Towner, Edward D. Woodruff, Guilford D. Yokom, Samuel F. Willing.

The college is in a prosperous condition and we anticipate a larger class next year.—*Com.*

MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.—The Executive Committee has settled upon Tuesday, June 24th, as the time for commencing the next session of the Institute, which will be held at Lake George, N. Y.

Dr. J. W. Dowling, of New York city, whose summer residence is located at Lake George, and by whose invitation the Institute decided to meet there, was appointed a Committee of Arrangements at the last meeting at Put-in-Bay. In addition to this committee, another was appointed by the New York State Homœopathic Medical Society, consisting of the following named gentlemen :

J. W. Dowling, M.D., chairman ; A. K. Hills, M.D., of New York city ; W. H. Watson, M.D., of Utica ; A. W. Holden, M.D., of Glens Falls ; S. H. Talcott, M.D., of Middletown ; A. R. Wright, M.D., of Buffalo ; H. M. Paine, M.D., of Albany ; A. P. Hollet, M.D., of Havana.

These gentlemen are now busy making arrangements for the meeting, and feel confident that they can insure all who attend, a pleasant and profitable time. Dr. R. J. McClatchey, Secretary of the Institute, will shortly issue the customary announcement, containing full particulars as to railroad rates, etc., together with the order of exercises.

Lake George is known as one of the most beautiful sheets of water in the world, and the surrounding country corresponds with the beauty of the lake. Fortunately, we will have moonlight evenings during the entire session of the Institute. Nothing in nature can be more beautiful than "Moonlight at Lake George." A banquet and hop will be given for the benefit of the ladies who may be present.—*Com.*

AMERICAN INSTITUTE OF HOMŒOPATHY, BUREAU OF ORGANIZATION, REGISTRATION, AND STATISTICS.—This bureau appeals to the homœopathic profession for assistance in carrying out the object for which the bureau was established, viz. :

1. To encourage the thorough organization of our societies and institutions, that they may do efficient work.

2. The accumulation of statistics of the status and progress of homœopathy. This is a work of great importance alike to the scientist and the physician, and it properly comes within the province of our national association.

A special effort will be made the present year to carry forward this work. Let every society, whether State, county, local association, or medical club, select some one of its members who shall furnish its statistics; such as the number of enrolled members, time and place of meetings, and any important action taken, whether of a professional or public nature. Reports of the present condition and work done by our hospitals, dispensaries, infirmaries, homes, and by our colleges, schools, and journals, should be made. Each and every one of these should be fully represented, and contribute its quota to the aggregate of work done by progressive medicine for the advancement of science and the benefit of humanity. The bureau solicits aid and information from every reliable source.

I. T. Talbot, 66 Marlborough Street, Boston; H. M. Smith, 107 Fourth Avenue, New York; Jona Pettet, Cleveland, Ohio; E. M. Kellogg, 257 Broadway, New York; T. Franklin Smith, 62 East 128th Street, New York; J. B. Bell, Augusta, Me.; B. W. James, 18th and Green, Philadelphia.

THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO will meet in Cleveland, May 13th and 14th.

THE WESTERN ACADEMY OF HOMŒOPATHY will meet at St. Louis, May 7th. A rousing meeting is expected.

OBITUARY OF DR. WILLIAM E. FREEMAN.—The city of Wilmington and the surrounding country have sustained an irreparable loss in the death of this skilful physician and most estimable gentleman. Few men in our midst were more highly respected; we doubt if there was one who had more and warmer friends, and we are very sure that it has seldom fallen to the lot of any professional man to acquire and retain, as he did, such a hold upon the affections of all with whom he came in contact. This is not surprising though when we regard the character of the man. As a physician he was skilful and successful, and in the chamber of sickness was as gentle and sympathetic as a woman. To the poor he was a true and unflinching friend, and his generous sympathies never failed to respond to the appeals of the needy or the suffering.

Dr. Freeman was born in Hartford County, N. C., in the year 1817, and died in Wilmington, February 23d, 1879. He graduated at the allopathic college in Charleston, in 1846, and soon abandoned that practice for the homœopathic system. He settled in Wilmington and practiced with marked success for a period of thirty years; for twenty-seven years he was the only homœopathic physician in North Carolina. He was the pioneer of that system in this State, and of course had to contend against almost insuperable difficulties, but he kept on the even tenor of his way, leaving time to prove the accuracy of his judgment. At the time of his death and for many years previous, he had perhaps the most extensive practice of any physician in the city.

No better evidence of the esteem in which he was held by the community could be given than was exhibited on the day of his funeral; all classes of the people joined in the ceremonies, and his remains were followed to their last resting-place by a larger concourse of people than Wilmington has witnessed in many a day; and it was right that it should be so, for he was a good man, and worthy all the respect paid to his memory.

DR. E. S. PIGFORD.

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Original Department.

THE LOGICAL BASIS OF THE HIGH POTENCY QUESTION.

(Abstract of a paper read before the Milwaukee Academy of Medicine, April 1st, 1879.)

BY SAMUEL POTTER, M.D.,
MILWAUKEE, WIS.

INTRODUCTORY.—Hippocrates, or some physician contemporary with him, announced the doctrine of similars in medicine twenty-six centuries ago.* Lying almost dormant for two thousand five hundred years, it was revived eighty-three years since (1796) by Dr. Samuel Hahnemann, and at once became known to the world by the persecutions which he and his followers suffered at the hands of medical bigots, who, “dressed in a little brief authority,” scorned the formula, denied the facts, expelled the followers of Hippocrates from the temples bearing his name, only to themselves adopt the principle, reduce the dose, and quietly appropriate the vestments of the priests whom they still term† “quacks” and “false prophets.”

The men who ten years ago sneered with Headland, “Who would prescribe *Strychnia* in tetanus,‡ *Opium* in congestion of the brain, or *irritants* in gastrodynia?” are to-day giving these remedies in these very diseases,§ as well as *Aconite* in synochal

* Basil, 1538, frob., page 72, line 35.

† Prof. Bartholow's *Materia Medica*. New York, 1878. Art. “*Aconite*.”

‡ Headland “On the Action of Medicines,” chapter ii.

§ Bartholow's *Materia Medica*.

fever, *Belladonna* in sore throat, scarlatina, and erysipelas, *Arsenic* in skin diseases and cholera, *Ipecac.* in vomiting, *acids* for acidity and *alkalies* for alkalinity, *Cantharis* for chordee and strangury, etc.; are using the homœopathic *trituration* in preference to the time-honored pill,* carrying the homœopathic vials and cases, dropping a grain of all but inert powder in half a pint of water, and giving a child a teaspoonful hourly.† Yet they term homœopaths “quacks,”‡ scorn the law of similars, blot Hahnemann’s name from their medical history; and even in progressive America have influenced the United States Commissioner of Education to ignore the nine homœopathic colleges, the numerous homœopathic hospitals and asylums, journals and books, and the six thousand homœopathic physicians, when publishing a memoir in our Centennial year on a Century of American Medicine.§

Why this injustice? Its parallel is not to be found elsewhere in scientific history. The rule has ever been the reverse, and converts to a system have never hesitated to lift up its flag, when such action entailed no danger to life and property. It is a fact known to every intelligent layman that the leading men in the dominant school of medicine do not hesitate to acknowledge their use of similars, small doses, and single remedies. Why do they disclaim the source of their inspiration, repudiate the name of homœopath, and call its professors “quacks?” Why do they not acknowledge the errors of their predecessors, as *they* did of *theirs*, and break down the harmless and futile barriers which still stand nominally between them and us? Why, in a word, does the great body of medicine still reject homœopathy?

Perhaps the cause may be found in our own temple. Have we at its very threshold any fetich which turns away our would-be friends in disgust and dismay? Is there in our system any apple of discord, any debated question, never acknowledged even by a majority of our own school, which threatens our harmony, may be the stumbling-block which bars the progress of our principles towards general adoption, *and without which we would still be homœopathic physicians?*

Such a double-headed idol there is, I believe, whose title,

* H. C. Piffard, M.D., Professor of Dermatology, University School of Medicine, New York.

† Ringer’s Therapeutics. London, 6th edition, page 101.

‡ Prof. Bartholow’s *Materia Medica*. New York, 1878. Art. “Aconite.”

§ Contributions to the History of Medical Education and Medical Institutions in the United States of America. 1776-1876. Washington. Government Printing Office. 1877. Pages 41, 42.

High Potencies, conferred in the Duke of Gotha's stable by the horse-jockey Jenichen, has been the *bête noir* of our scientific minds, and is the fetich which has soiled our banners, the cloud which dims the brightness of our armor. This monster has two faces: one bearing a physical aspect, reflecting as its main thought the exploded Grecian theory of the infinite divisibility of matter; the other, a flickering treacherous semblance, a spiritual phantom, pointing to a new force, an imponderable something, which cannot be felt, or heard, or seen, but, protean-like, is said to arise by mere agitation, with as many definite shapes as there are drugs to rub it against. This is called the "*Dynamization Theory*," and, like an *ignis fatuus*, it leads us into a veritable slough of despond, a quagmire in which we sink surrounded by the whitened bones of spiritualism, mesmerism, Reichenbach's od-force, miracles, transubstantiation, trinities, vampires, elves, demons, witches, harpies, satyrs, and all the shapes, fair and foul, of man's imagination, fear, or superstition; most of which have had their day, though many are still adhered to. These may be all good therapeutical agents of the psychical class; as well as such potent forces as love, joy, fear, hatred, confidence in the doctor, his own self-assertion; and if Jenichen, Fincke, and Swan had but potentized some of them, and we had them in bottles, labelled to order, in this wise, "Self-conceit of Dr. L——, 200th," "Dogmatism of Dr. H——, 30th," "Blackguardism of Professor J——, 1000th," "Mendacity of Dr. G——, cm.th," etc., we might be enabled to perform some wondrous cures.

But the second feature may be dismissed from consideration, as it is only an excuse, an explanation for the first, and falls necessarily therewith. For, if we can show that there is no trustworthy evidence for the existence of medicinal power in the "high potencies," it will be superfluous to attack the explanation of how such power is developed.

I propose to state the result of my own examination of this question, following the methods of logical science, without which it were vain to expect correct thought or accurate reasoning.

THE LOGICAL REQUIREMENTS.—Inductive logic, "the foundation of all sciences,"* though dating from the Bacons in the thirteenth and seventeenth centuries, was not supposed by the most eminent logicians to be capable "of being brought into a scientific form,"† or given rules and systematic arrange-

* John Stuart Mill.

† Archbishop Whately.

ment. But John Stuart Mill has so systematized the inductive processes, that we, who believe that through Hahnemann's inductions alone can medicine hope for attainment to the position of a deductive science, may, following Mill's rules, rightly observe facts, estimate evidence, and eliminate the fallacies from which arise the chief dangers in conducting a scientific investigation. The chapter wherein he treats of the laws of complex effects, resulting from a plurality of causes,* is of great value to our inquiry, and so important as a means of education to the observer that I must beg of you its careful perusal. After stating the extreme difficulties inherent in the subject, he takes up a proposition very similar to that we have before us, namely: "Is or is not some particular mendicament (mercury, for instance) a remedy for a given disease?" and proceeds to show the respective degree of applicability of each of the three processes; those of (1) direct observation, and (2) pure experiment, alone, being entirely inapplicable by reason of their characteristic defects, and the impossibility of realizing the necessary logical conditions in the plurality of causes existing in the phenomena of life. By exclusion, then, he comes to the third, or the deductive method, which, he says, "remains to us as the main source of the knowledge we possess, or can acquire, respecting the conditions and laws of the more complex phenomena, and consists of three operations: the first, one of *direct induction*; the second, of *ratiocination*; the third, of *verification*, without which, all the results have little other value than that of conjecture."†

With this eminent authority as our guide our proper course is to form a canon of inquiry, to lay down a standard, to which the evidence offered must conform in some degree to be considered logical.

CANON OF INQUIRY AND EVIDENCE.—I would propose to follow the following order:

(1.) In the present condition of knowledge has the theory the support of probability?

(2.) The original authorities; are they worthy of implicit and unquestioning confidence?

(3.) The witnesses to the facts on which the theory is based; have they been in the main careful, competent, disinterested, impartial observers, who have carefully recorded all the at-

* Mill's Logic, book iii, chap. x, secs. 6, 7, 8; chap. xi, sec. 1.

† Sec. 3.

tainable evidence, for and against? and is their evidence trustworthy?

In the examination of the last question it will be competent to inquire concerning the evidence adduced, whether it shows, in respect to the facts (cures):

(a.) That the remedial preparation used was actually prepared from the drug after which it is named, and truly represents the attenuation (or potency) stated.

(b.) That the disease cured, or assemblage of symptoms alleviated, actually existed, and was not in process of self-limitation, or cure by some previous treatment.

(c.) That all therapeutic agents used in the treatment are carefully described, with their several effects; whether such agents are physical or psychical, material or spiritual; as for instance, mechanical, topical, dietetic, magnetic, emotional agents.

(d.) That duly considering the results obtained from every such agent used, the medicinal preparation for which the cure is claimed, exercised such a marked and predominating influence, that to it alone can be ascribed the remedial effect.

(e.) That the evidence above described is attested by impartial, trustworthy witnesses, who are skilled in the knowledge of disease and all natural laws; trained, careful observers, having had every possible opportunity to ascertain all the facts in the reported case; having shown every reasonable effort to guard against deception; and with no personal interest, other than a love for the truth, in the settlement of the question.

Of course it is not supposed that in private practice it is possible to obtain in every instance, or even in a majority of cases, such perfect evidence as the above canon requires. It is intended to be a standard of comparison, to which the evidence, to be considered logical, must conform more or less. Should any case fulfil all these requirements, it will have furnished all that the logic of induction demands; but still the two remaining steps of Mill's method would have to be applied, namely, Ratiocination and Verification.

The only objection to this canon, of which I can conceive as coming from an honest mind, is the following: "The efficacy of the thirtieth potency stands on the same evidence as the efficacy of the third; if the evidence is insufficient in the former case, why not in the latter; and must you not logically reject the one as well as the other?"

The reply is simple. If the evidence of physical science as to the presence of drug-matter in both attenuations were the

same, the scientific probability (Article I. of our Canon) would be as favorable for one as the other. But in the one case our senses, aided by physical tests, enable us to know that there is present drug-matter limited in quantity, but still measurable medicine. In the other, no such matter can be found by any means which the accumulated knowledge of centuries has placed in our hands; but, on the contrary, the application of the molecular theory, the basis of present science, affirms that no such matter is present, it having been atomized in the tenth or eleventh dilution. In all matters of *primâ facie* improbability, it is our duty to demand the highest degree of evidence attainable, the most careful observation, as much disinterestedness as possible on the part of the witnesses, corroborative testimony, and, above all, the *negative* as well as the positive side of the case.

An illustration will show this more clearly. Suppose that a competent physician asserts that three hours before he had swallowed fifteen minims of Tinct. aconiti rad. without experiencing any of the known pathogenetic effects of Aconite. We should not doubt him, simply because such an experience is not improbable. But, suppose the same witness states that he had swallowed the same quantity of anhydrous Hydrocyanic acid without experiencing any unusual symptoms. To our minds his evidence, though just the same as in the first instance, would wear a very different aspect. The improbability of the fact stated would color every assertion, and the most searching examination would be insisted upon ere we gave in our adherence to the truth of his statement. The degree of probability which a stated fact presents to a certain mind, always determines for that mind the degree and amount of evidence necessary for the establishment of the so-called fact. Hence we will proceed to examine into the *probability* of the existence of medicinal power in, say the thirtieth attenuation, before looking at the evidence presented in its favor.

ITS SCIENTIFIC PROBABILITY.—At this point the advocates of this "fact" usually trot out their subsidiary hypothesis, the dynamization theory, in explanation of how the power is developed. We might, by examination, see that this theory rests wholly on barefaced assumptions, more difficult of demonstration than Euclid's postulates, or the first law of motion. I might show you that it is opposed to all known laws of natural or mental phenomena, is inconsistent with itself, and violates every principle of reason;—but I forbear, inasmuch as it is

wholly dependent on the question of the existence of the power, and must remain in the shade until the latter is established.

The high-potency men say, that because matter is declared by science to consist of infinitely minute particles, it is not improbable that such minute particles of drug have great power on equally minute particles of tissue. This position assumes the infinite divisibility of matter, its homogeneity, and continuity, a doctrine which, though advocated by Anaxagoras, Des Cartes, and Spinoza, is now abandoned by physicists; its antithesis, the molecular theory of matter, with its resultant, finite divisibility, forming the basis of existing physical science. From the standpoint of science, then, divisibility of complex matter cannot proceed further than the molecule, or atomic assemblage of its constituent elements. If, for example, we divide Quinia to the point where we arrive at its last molecule, it is evident that any further subdivision must rend the molecule asunder, and cause its reversion into 40 atoms of carbon, 24 of hydrogen, 2 of nitrogen, and 4 of oxygen. The three gases escaping, we would then have for further subdivision 40 atoms of carbon, and this attenuation and the next higher should be properly labelled *Carbo*, not *Quinia*.

The question then is, at what degree of Hahnemannian attenuation is the last molecule of complex drug-matter reached? The molecule is no longer a metaphysical abstraction, but as real as the stars, and equally capable of measurement. Its size is placed within the extremes of the $\frac{1}{25000000000}$ th, and the $\frac{1}{50000000000}$ th of an inch by Sir William Thomson and Professor Maxwell, the leading physicists of the day. With the smallest of these as the basis of a calculation which any one may make for himself, it will be found, to quote Dr. Lewis Sherman, in the *Homœopathist* for May, 1878, that "the number of molecules in a troy ounce of metallic mercury, in the ordinary liquid state, would be 85,000,000,000,000,000,000,000. A fluid ounce of the 10th dilution, if perfectly made, would contain 850 molecules. A fluid ounce of the 11th dilution would contain 8 or 9 molecules. A fluid ounce of the 12th dilution would have one chance in twelve of containing a single molecule; while a fluid ounce of the 30th dilution would have one chance in 12,000,000,000,000,000,000,000,000,000,000,000,000,000,000, of containing a single lonely molecule of Mercury."

Such then is the verdict of science, from the most favorable view of the case, for no other physical test is applicable as high

as this. Chemistry has no power of search beyond the 3d; the microscope cannot detect an object as small as the $\frac{1}{3000000}$ th of an inch, and therefore is unavailing beyond the 7th; while the spectroscope, the latest triumph of experimental science, has not yet advanced beyond the detection of the $\frac{1}{1800000000}$ th of a grain of Sodium, about the quantity in a grain of the 5th dilution. The theory of molecular magnitudes takes us higher, but stops at the 11th dilution; beyond which it declares that the *probability is against* the existence of drug-matter, and, consequently, of drug-power.

THE AUTHORITY.—We next come to the authority for the theory. Who were the persons responsible for it? What light can be thrown upon their environment which may help us to intelligently estimate their value as witnesses? and do they merit our implicit confidence, our unqualified contempt, or our kind commiseration? This part of the inquiry needs no other excuse than the saying of Locke: "'Tis not worth while to be concerned what he says or thinks, who says or thinks only as he is directed by another."

Dr. Dudgeon, in his *Lectures on the Theory and Practice of Homœopathy* (London, 1853), states that when Samuel Hahnemann reannounced the formula of similars as the guiding law of therapeutics he was about forty years of age, and his prescribed doses* were those in ordinary use, which he continued to use until 1798. One year after (1799), without any reason given for the sudden change, we find him prescribing the one-millionth of a grain. The only sidelights we can throw on this rapid descent are (1), the fact that it was contemporaneous with his expulsion from Königsbutter, at the instance of the persecuting apothecaries; and (2), his own exultant hope, as he advanced higher, that he would "soon be able to dispense with the apothecaries altogether." From 1800 to the announcement of the psora theory, twenty-seven years, Hahnemann had no standard of posology, as will be seen from the following table:

* Grains x of Arnica root daily to children of 4 years of age; grains iij of Veratrum album daily in asthma; grains x of Ledum pal. to a child 6 years old; grains iv once a day in Colicodynia; grains v of Ipecac.; grains iv twice a day of Nux vomica; grain $\frac{1}{4}$ of Sulphate of copper, etc. (Dudgeon, op. cit., page 393.)

In his old age he fixed on the 30th as the appropriate dilution for every remedy, whereby, he says, "all homœopaths will have the same tools to work with;" but his then "high" posology did not receive the unanimous approval of his contemporaries, as the following arrangement will make manifest:

POSOLOGY.

ADOPTED HAHNEMANN'S POSOLOGY.	OPPOSED AND DENOUNCED IT.	HUNG BETWEEN.
<i>Egidi</i> (afterwards opposed it). <i>Gross</i> —went up and down with every new moon, cured congestions with pellets infected with "blood-power" from his own blood, and had many other delusions. <i>Kammerer</i> , theoretically, says he uses nothing above 6th. <i>Hering</i> advocated isopathy, Jenichenism, curing of bug-bites by a bug potentized to the 30th, eradication of lice by giving to them a dose of louse 30th, etc. <i>Mure</i> , author of deerskin provings, proved lice, potato-rot. <i>Cruzent</i> , author of the "day-theory" of dose, give the 100th if the disease has lasted 100 days, 200th if 200, etc. <i>Nimes</i> condemned ail below the 2000th. <i>Stens</i> . <i>Attomyr</i> .	<i>Egidi</i> . <i>Hartlaub</i> . <i>Gross</i> . <i>Wolf</i> . <i>Werber</i> . <i>Rummel</i> . <i>Griesselich</i> . <i>Kurtz</i> . <i>Veith</i> . <i>Schmid</i> . <i>Schrön</i> . <i>Elwert</i> . <i>Holbig</i> . <i>Vehsemeyer</i> . <i>Lietzau</i> . <i>Schneider</i> . <i>Müller</i> . <i>Arnold</i> . <i>Watzke</i> . <i>Hartmann</i> . And all the English homœopaths.	<i>Rau</i> . <i>Stapf</i> . <i>Watzke</i> . (Nat. mur., high.) <i>Schüler</i> . (6-12.) <i>Noak</i> . <i>Goullon</i> . <i>Whale</i> . (6-18) <i>Kampfer</i> . (Grs.—30th.) <i>Koch</i> . <i>Scott</i> . <i>Trinks</i> . (Practiced very low.)

It will be instructive to examine some of the views held by the principal advocates of Hahnemann's 30th in these early years of homœopathy.

Kammerer, *Gross*, and *Hering*, were all isopaths as well as Hahnemannians; *Dr. Hering* being the introducer of this heresy into our school, and *Gross* considering it superior to homœopathy. *Hering* urged the potentization of the fæces of cholera patients, the black vomit of yellow fever, the desquamated skin of scarlatina maligna as remedies for the cure of these diseases; states that a bug potentized to the 30th will cure bug-bites, and that lice and nettles may easily be eradicated from a home by administering to them, respectively, potentized lice and nettle-seeds in the 30th. *Dr. Gross* states as a "fact," that he moistened a globule with his own blood, which was then placed in a vial with 10,000 other globules, and shaken for a quarter of an hour. One of these he placed with 10,000 fresh globules, shaking for an equal time, and with a single dose of this preparation he cured many severe cases of congestion and hæmoptysis. *Dr. Mure* proved the triturated skin

of a deer with the hair on, the skin of the dolphin, a diseased potato, a louse, guano, and many other substances of which the exact nature is unknown. *Dr. Nunez* condemned everything below the 2000th; and *Dr. Cruvent* formulated a rule for the dosage, which has one merit, that of easy remembrance. For every day that the disease has lasted he goes up one degree of potency. For example: ψ is the appropriate strength for a disease less than a day old; the 1st, if it has existed one day; the 100th, if a hundred; if a year, the 365th, and so on *ad libitum*.*

We must now follow Hahnemann up the dynamization ladder. We have seen that his first infinitesimal was used in 1799; two years after he published the first germs of the dynamization theory, only germs, however, as he then relied wholly on the supposed number of points of contact which the attenuated medicine presented to the living fibre, and up to 1810 he always employed the expressions "diminution," "subdivision," "attenuation." His *first potential* utterance is found in an essay dated 1825, contemporaneous with his earliest employment of the 30th and with the seventieth year of his age. After this date he ran up pretty fast, forbidding the carrying of medicines in a liquid state for fear of the dreadful energy which the continued motion would excite in them; varying in the number of succussions permitted, between two and fifty; vouching for the power of a globule of the 30th twenty years old, which had been used by olfaction thousands of times, and claiming that smelling at the 30th was the best way of administering a drug. He began to be somewhat contradictory of himself as he mounted the dizzy height; for instance, he asserts that a grain of soda in an ounce of water, shaken for half an hour, became equal in potency to the 30th, yet, on the other hand, that dilution is essential to the potentizing effect. He rested the whole theory and practice on the necessity for weaker drugs, the lower potencies being too powerful, yet he claimed a vast increase of medicinal power (dynamis) from the process of attenuation and succussion. But withal, he never went higher than the 30th in his practice, and, as we have seen, he expressed his belief† that "the thing must end somewhere, it cannot go on to infinity."

The real inventor of the highest potencies was not a physi-

* Dudgeon, op. cit., is my authority for the above. In his book will be found the references to each writer's utterances.

† Letter to Dr. Schreter.

cian by occupation or education, but only a Sarmatian count, Korsakoff, who ran drugs up to the 1500th by what he called the "infecting" process. He placed a globule of the 100th in a vial containing one thousand pellets, and shook until they were all "infected."

But a horse jockey* in the stable of the Duke of Gotha, *Jenichen* by name, not Samuel Hahnemann, is the genius to whom we must do reverence, if the high potencies are to be accepted. We do not know much about his process, as, being a charlatan of the first water, he kept it a profound secret, and Dr. Hering, who fell heir to it, has continued to keep the light under a bushel. All we know is that, by his own statement, main strength was his potentizer, for he did not attenuate from his starting-point, but proceeded upward by shakes, ten being equal to one degree of potency, his highest, the 60^m, requiring six hundred thousand shakes. Counting five thousand shakes to the hour, and supposing that he could shake for five hours a day, this would require one hundred and twenty hours or twenty-four days of solid shaking for each drug potentized. *Jenichen* began and ended at the same point, *Plumbum*;† his first potentizing having been of that metal and his last, also, for a ball from his pistol ended his life, and rid the world of either a fool or a knave.

Bänninghausen, who, like *Korsakoff* and *Jenichen*, had received no medical education, *Drs. Gross, Stapf, Rummel, Jahr* and *Hering* followed in the *stahlmeister's* footsteps, all expressing great fear of the possible energy which would be liberated by too much shaking. *Hering*, according to *Dudgeon*, was especially mystical in his ideas, naming the new force of nature "Hahnemannism" (like galvanism, mesmerism, etc.), asserting that one globule of the 30th "infected" the whole air of a room, and that the atmosphere itself, if present in the right proportion, would become a new and powerful potency. *Tietze* believed the force to be electrical. *Rummel* saw the atoms of the 200th potency chasing each other over the slide of a microscope.‡ *Mayrhöfer* saw metallic particles of tin in the 14th, although no lenses have been constructed capable of resolving *Nobert's* twentieth band, the

* See *Dudgeon's Lectures*, page 353, for a discussion as to the social and professional position of the charlatan whom the self-styled "Hahnemannians" delight to honor.

† *Dudgeon*, page 355.

‡ Air-bubbles in the evaporating alcohol.

lines in which are from $\frac{1}{240000}$ to $\frac{1}{300000}$ of an inch apart. Summarizing, the "authorities" stand thus:

DYNAMIZATION THEORY.

ADOPTED BY.	OPPOSED AND DENOUNCED BY.
<p><i>Korsakoff</i>, a Sarmatian count, "infected" up to the 1500th by mere juxtaposition of a medicated pellet, and shaking.</p> <p><i>Jenichen</i>, a horse-jockey, shook ten times for each degree; went to the 60,000th, requiring 600,000 shakes for each drug; kept his method secret, and finally shot himself.</p> <p><i>Banninghausen</i> had no medical education.</p> <p><i>Gross</i> (see above), <i>Stapp</i>, <i>Rummel</i>, <i>Jahr</i>, <i>Hering</i>, <i>Joslin</i>.</p> <p><i>Tietze</i> believed the power to be electrical, and the same in every drug. (<i>Rummel</i> changed over.)</p> <p><i>Schubert</i> went back to Zoroaster for his evidence.</p>	<p><i>Ægidi</i>.</p> <p><i>Rummel</i>.</p> <p><i>Griesselich</i>.</p> <p><i>Schron</i>.</p> <p><i>Kretschmar</i>.</p> <p><i>Werber</i>.</p> <p><i>Wolf</i>.</p> <p><i>Fielitz</i>.</p> <p><i>Schmid</i>.</p> <p><i>Lietzau</i>.</p> <p><i>Kampfer</i>.</p> <p><i>Strecker</i>.</p> <p><i>Schneider</i>.</p> <p><i>Hartmann</i>.</p> <p><i>Vieth</i>.</p> <p><i>Trinks</i>.</p> <p>All the English homœopaths.</p>

In our own times we have the extension of the *Jenichen* delusion by the "fluxion process" of *Fincke* and *Swan*, who profess, by a method, which they too kept secret as long as possible, to make a 1,000,000th in less time than *Jenichen* required for a 10th. They also revive the heathen myth, and claim to have potentized THE SUN. *Dr. Rhees*, in the November (1878) *Investigator* throws some light on the source of the power said to be in *Swan's* mms., which the doctor believes (and strange to say states his reasons for the belief) to be actually lower than *Hahnemann's* 3d.

To sum up the authorities, we find that of the men of any note among *Hahnemann's* contemporaneous followers, less than a score approved this theory, of whom the three most active and consistent were not physicians in any sense of the term; two were adherents only in theory; two more recanted; another changed his views on the subject at every new moon; another found his support in ages beyond the domain of history; three more were mere laughing-stocks for the profession; and the American member of the firm is found dealing in all sorts of contraband wares, among which spiritualism, *Jenichenism* and isopathy are not the least prominent.

The authority then rests wholly on *Hahnemann*, and as tenderly as possible, but still honestly, we must look closely at him who has fathered such a vigorous bantling.

I am conscious that any conclusions which impeach the infallibility of this great man will be considered treason, im-

piety, the sin of sins, by that class of homœopaths who reverently apply to him the Saviour's appellation, and worship every rag of theory or fanciful speculation which in the most remote manner may be traced to his brain. There are two classes of physicians to whom I do not address myself, namely, the extremists on each side. Those who believe that because Samuel Hahnemann rediscovered a neglected natural law, every thought of his mind must be as true as his first great formula; and those who, on the other hand, finding some of his speculations absurd, and many of his assumptions false, would equally condemn the whole of his life-work, are so enslaved by their prejudices that they cannot listen to reason. The audience I would appeal to consists of the men who can revere what is worthy of reverence, and condemn what is deserving of condemnation; who, full of admiration for Hahnemann's indomitable energy, tireless application, and brilliant mind, yet do not esteem him as an inspired, infallible god of medicine; these I would urge to carefully ponder over his life, works, character, habits of thought and expression, ere they join hands with those who would have them implicitly follow his dictum, think as he thought, and speak as he spake on this weighty subject.

We have seen that he was often inconsistent in his theories and statements; if we study his private character, we shall find him to have been enslaved by graver faults, especially as age laid its heavy hand upon him. Profoundly impressed in his youth with the uncertainty of the medicine of his day, of which he saw only its worst features, in middle life he stumbled upon a forgotten method, which could elevate it to the position of a science. Completely devoted to this one idea, he consecrated his life to its development, and henceforth lived and breathed only for homœopathy, which he sought to establish as the foundation of pathology, psychology, ethics, physics, and metaphysics, as well as of therapeutics. Powerful opposition, the vilest abuse, and the most bitter persecution, bringing exile and poverty, only made him more devoted to his gods.

"Untamed his pride, unchecked his course,
From foes and wounds he gathers force."

The natural result is seen in his bigoted intolerance, permitting no discussion of his views, brooking no shade of variation from his precepts. He said, "He who does not walk on exactly the same line with me, who diverges, if it be but the breadth of a straw, to the right or to the left, is an apostate and a

traitor, and with him I will have nothing to do." In his devotion to his system he ignored even the emotions of our common nature, and never forgave one of his most active disciples for saying in the sorrow of a bereaved father, that homœopathy could not cure every ill. Such a spirit was scarcely capable of forming an unbiassed judgment, had it no other failing to still more detract from its judicial quality.

His habit of dogmatic assumption forms even a worse feature of his character. Boldly and blindly he lays down assertion after assertion without the slightest attempt at proof. A few examples from the *Organon* will suffice to prove this. We are told in § 11, that "in sickness the vital force is alone primarily deranged;" that "diseases are produced only by the morbidly disturbed vital force;" (§ 12) "that spiritual power is hid in the inner nature of medicines," and that "homœopathic dynamizations are real awakenings" of this power. And so all the way through his writings, though he never exceeds the following example, which, for pure assumption, is quite a gem: "I dissolved," he says, "a grain of soda in an ounce of water mixed with alcohol in a vial, which was thereby filled two-thirds full, and shook this solution continuously for half an hour, and *this was* in dynamization and energy *equal* to the *thirtieth development of power.*"

In one respect his most devoted worshippers cannot but agree that he is wholly incorrect, namely, in his pathology. He classes as "similar" measles and whooping-cough; but as "*dissimilar,*" measles and small-pox, which are so similar as to have been for ages looked upon as varieties of the same disease. His psora doctrine of chronic diseases, which cost him, he says, twelve years of continued thought and research, has never been accepted by any respectable number of his followers.

As he grew older his failings grew stronger, and upon the simple base, on which his system began, he piled mountain upon hill, Pelion upon Ossa, of assertions, speculations, and absurdities; until the wonder remains how homœopathy has ever staggered along under the load. Sharp quotes Goethe concerning the Germans, that they "have the gift of rendering the sciences inaccessible," and says, "Certainly Hahnemann possessed the art of making homœopathy unacceptable." Yet the system has made extraordinary progress, and if it could but unload the delusions which poor human nature has imposed on it, and ignorant credulity has clung to, it might be acknowledged as *the science of medicine.*

Hahnemann is not alone in the history of reformers as possessed by absurd aberrations of thought, hallucinations of mental vision. Mahomet, Buddha, Luther, in the religious field, are examples in point; and none better can be found in the scientific world than the illustrious Kepler, that mystic astrologer, whose many vain speculations are forgotten, while his three great laws form the basis of the present science of astronomy. His convictions that the earth was an animal, that the sun, stars, and planets were typical of the Trinity, that a force existed in the sun which impelled all bodies around him, and many other equally absurd ideas, do not, however, injure the value of the truths we owe to him, or of the discoveries he made in astronomy, optics, physics, and geometry. So with the theories and speculations which emanated from the brain of the equally great Hahnemann. If some turn out to be but "chaff, which the wind catcheth and driveth away," the value of the wheat remaining is not lessened. We, who pay due homage only to his great name, should not be surprised to find some of his views to be untenable; were it otherwise, he would not have been a man; he must have been a god!

THE WITNESSES AND THE EVIDENCE.—If the authority fail us, we have yet the "mass of evidence," which we are told has been accumulating from year to year for the potential efficacy of the preparations in question. In the examination of this evidence I must beg my hearers to keep in mind the features of the standard we adopted at the commencement of this inquiry. The most important of the requirements there laid down are those relating to the qualifications of our witnesses. You will agree with me that, if these can be successfully impeached, their evidence will have but little value.

A bitterly partisan witness before a jury on a question of fact carries no conviction with his evidence; and an incompetent, careless lawyer can bring no arguments, no precedents, which will change a previously formed opinion in the mind of a judge. But in any case of disease we have questions both of fact and of reason; matters requiring the most profound knowledge, the most accurate habits, the most highly trained senses, for even their proper observation; and there are necessary a strictly impartial mind, a ripe and educated judgment, carefully trained in correct methods, to properly examine and arrange the facts, or to arrive at a correct induction. Yet in every journal, at every society meeting, we are confronted by

witnesses to these wonderful cures by high potencies, who, often to our personal knowledge, are incapable of observing their own faces in a glass, and of reporting the changes seen on that familiar prospect. Perhaps such a witness has graduated at a medical college after the maximum term of ten months' lectures, having had at his matriculation therein as much education or mental training as can be picked up by the average American boy on the farm, in a store, or on the streets, whence so many of our students come. While in college he has seen on an average one fresh case of disease or injury every day, making 300 in all; of which 200 were venereal and surgical, 50 were phthisical or malarial, according to the climate, and the remainder simple febrile conditions. The only *Materia Medica* he found time for has been, perhaps, a pack of cards, from which he memorized thousands of bewildering symptoms; an assemblage of phantoms, like the shifting sands of the pathless desert, or the countless forms in ocean's bosom, forming myriad combinations to the tortured mind; phantasmagoria of inexpressible difficulty; pictures which, like faces, are never repeated. These numberless effects have been produced, he is told, by ψ s, 3ds, 12ths, 30ths, etc.; but mark, no differentiation is made between those resulting from the crude drug or from its decillionth attenuation. Probably a characteristic symptom is impressed on his mind by a beastly picture, which for pure filth might vie with the productions which the law excludes from the mails. He is constantly impressed with the personal infallibility of "THE MASTER," taught to regard every word which Hahnemann ever penned as inspired, and every presumptuous doubter thereof as an enemy in disguise, a greater foe than the allopath, and the principal obstacle to the progress of "pure homœopathy." He crams enough during the ten months' lectures to squeeze through his solitary examination of seventy or eighty selected questions; after which, if he has the necessary money, he is clothed with sheepskin, and entitled Doctor of Medicine, Surgery, and Obstetrics; Master of Chemistry, Botany, Anatomy, Physiology, and the Laws of Health and Disease. Is such a man likely to prove a disinterested, careful, skillful observer; such a witness as we would trust to for the collection of important evidence on any question lying near to our interests or dear to our hearts?

But his patient approaches! Her story is soon told; her tongue glanced at, pulse felt; a few such questions are asked as, whether she sweats on the side she lies on, feels a stone in her

heart, or coughs at 4 o'clock in the morning. The doctor's vision is directed into vacancy; before his mind the shadowy hosts of symptoms pass and repass in rapid review. A dim spectre arises from among their indefinite shapes. Slowly he advances, his attitude is listless, dejected; his limbs tremble; his fæces are slender, long, dry, tough, and hard, like a dog's. It is the *similimum*! His name is Phosphorus! Back into chaos sinks the spectre, the doctor turns to his desk. From a vial of pellets which rival in size the minute mustard seed of the Saviour's parable, he carefully selects *one*, perhaps a Fincke mm. which he places gently on the patient's tongue, gives her a vial of blanks wherewith to amuse herself, and passes to the next case and the next *similimum*. Perhaps he has given her careful directions about her food, clothing, habits, ordered a series of baths, or the stoppage of some confirmed practice, or profoundly impressed her with the conviction that he has cured hundreds of just such cases as hers,—concerning all of which he makes no mention in his report of the case, or at best a mere hint at what he terms “*adjuvants*” to the potency. In a week's time, during which he has seen her perhaps once, the patient is better; having had herself rubbed, taken some domestic catnip, or had a good hearty laugh, of which the doctor knows nothing. Another minute pellet moistened with the properties without the presence of Phos., which was oxidized long before it reached his hands; the usual pious fraud *Sac. lac.*, and at the next society meeting, or in the next journal, we are confronted with another proof (!) of the wondrous efficacy of the high potencies; and abused as only physicians can abuse, if we dare to question the reported cure.

The evidence will probably be presented in something like one of the following forms:

(1.) “One case of *ague*, in an elderly gentleman of fourscore and upwards (after partial suppression by Quinine), was removed by *Lycopod.*²⁰⁰⁰, one dose. It was of the seven-day sort, “*intermittens septiana*,” and had been a source of annoyance for four or five weeks previous. There were no very prominent indications, but the few constitutional symptoms pointed more strongly to this than to any other remedy.”—J. E. W.

(2.) “Mrs. Blank lost all children soon after birth. Had *ozæna* for a year; under allopathic treatment had grown steadily worse; involved upper lip, which was swollen to three times its normal size, and honeycombed with ulcers. Nitric acid³⁰⁰, one dose, cured in two months.”—T. C. D.

(3.) "Was called to see a child, four years old, sick with dysentery, very frequent discharges, small, bloody and slimy, great pain, constant crying and rolling in bed, had been under "old-school" treatment three weeks; gave Mere. cor.²⁰⁰. Twenty-four hours later was so much better it took no more medicine, and was soon well."—A. M. C.

(4.) "Another child, aged about four years, had been sick with dysentery, under old-school treatment five weeks, now getting worse. Pod. was indicated, and the 200th cured in three days."—A. M. C.

(5.) "Girl, aged twelve, had been sick three days with diphtheria. At eight P.M. throat swelling fast, great difficulty in swallowing. *Crotalus hor.*²⁰⁰, two doses one-half hour apart, relieved at once; slept well, and was bright in the morning and the family happy."—A. M. C.

One might suppose that the above were cases carefully picked out from among thousands of others more carefully reported. But not so; they are all from a single issue of the *Investigator* (the 206th), and in the same number will be found under Professor Hoyne's caption, "Kali Carbonicum," over a dozen other cases with the same characteristic features. Not that all the evidence is of this kind, but the great mass of it is, the carefully reported cases being few in number. With the rivalry between journals, nine or ten struggling for existence where two would amply supply the demand, all kinds of such trash as the above find ready admittance to their columns, and in after years form part of the "great mass of evidence" we hear so much about from the high potency advocates.

The principal objection to such evidence as the basis of a logical induction is its one-sidedness, being all affirmative, none negative. Never does an observer come forward, like the true scientist, with his table of successes and failures, by which a scientific comparison might be made. They are all successes, all cures, and of these, if they had any logical value, we have more than enough. But it may be safely maintained that this very superfluity of affirmation defeats its own ends. It proves too much. It carries with it the necessity of believing an impossibility, namely, that all the witnesses were absolutely infallible in diagnosis and treatment, having always administered just the right remedy. If not, there must have been failures. If failures, how many? In what proportion do they stand to the successes? These are natural

and proper questions, but we have no means of solving them; the failures are not recorded.

As to the logical value of such records of cures, we shall find, if we compare them with our standard of evidence, that they are utterly worthless. They simply prove that certain effects followed the administration of certain preparations, but not that the effects were caused by the preparations in question. Their logical use as proofs of drug-efficacy is exactly parallel to the case of a man who should buy an annual ticket, use it every year for a journey to Europe, be always seasick on the trip, and then ascribe the sea-sickness to the ticket. They offer no evidence as to the genuineness of the preparation used;* none, except mere assertion, that the disease existed or was not in process of self-limitation or cure by other agents. No credit is given to the many other means, physical or psychical, material or immaterial (dynamic), which were undoubtedly used, as we know them to be in all cases of professional treatment. No indications, or at most a hint at them, for the selection of the remedy or for the use of a certain potency. Some of the observers cure as well with the 30th, as do others with the 200th, or others still with the 1000th. No rule has ever yet been formulated by any body of men for the selection of the potency, yet we are asked to place this indefinite treatment alongside of the exact rule "*similia similibus curentur.*" No reasons are given for ascribing the cure, as is almost always done, solely to the medicinal preparation employed, to the exclusion of all other possible agencies. No information is offered regarding the ability or impartiality of the observer, other than we may find in the language used or the tone employed, and worse than all, no word is said concerning the previous experience of the observer with the same drug in the same complaint, if he ever had any. These are the objections I would offer to the use of such evidence to establish a logical induction, and when I add to them the almost universally patent partisan feeling evinced by the witnesses in their daily utterances and their journalistic attempts,† I feel assured that

* They do not even agree as to the proportion of drug to medium in a certain "potency," nor as to the use or meaning of the terms "dilution," "potency," "attenuation." See the Investigator for 1878, for an animated discussion of these matters by some prominent physicians, some of them professors in colleges.

† A writer in the Investigator of November 1st, 1877, is so completely potentized as to have lost all faith in "The Master," who, because he advocated the medium attenuations, "forever tarnished," says this Hahnemannian, "and paled the glowing brilliancy of a genius."

no truth-loving physician will permit it to influence his treatment of disease or his efforts for the preservation of health.

The logical value of reported cures, unless the strictest possible requirements* are complied with in their observation and recording, is simply nothing. Even when every possible care is taken to eliminate every factor of error, the results are far from encouraging. Cures of disease are on record from all time, and are established on the same evidence as that on which history itself is built. Since the day when Moses is said to have healed the serpent-bitten Israelites isopathically, to that in which Dr. D'Unger cures another form of "snakes," the best class of evidence is attainable for cures of every disease by every method that human ingenuity or rascality can devise. Witness the history of the Weapon Ointment, the Tar-water mania of Bishop Berkeley, the Metallic Tractors, the King's Touch for scrofula or "king's evil." There is no fact in science or history better established *by evidence*, than are the cures of disease by the touch of a king's hand. The Privy Council of the kingdom appointed the day for the miracle, which was announced in all the churches of the realm. Bishops stood around the king, whose household surgeon introduced such as were really afflicted into the presence. A regular service was used on the occasion, which is still to be seen in old prayer-books of the Church of England. The most eminent surgeons of the day acknowledged the efficacy of the touch. Popish or Jacobite bigots, bitter as they were, never denied but steadily affirmed that Protestant kings were thus gifted. Charles the Second touched nearly one hundred thousand persons. King James touched eight hundred on one occasion in Chester Cathedral. William of Orange could only be prevailed on to do so once, saying, as he laid his hand on the patient, "God give you better health and more sense," and the abuse he received from all ranks of society for what was considered a cruel and impious course, is ample proof of the firm hold which, as a question of fact, the superstition had upon the public mind.† Yet with the Tractors, the Tar-water and the Weapon Ointment, it has had its day, and now who can be found to acknowledge his belief in it?

* Such as the methods adopted by the English physicians to ascertain the truth of the claim made concerning the abstinence from all food of the fasting girl, Sarah Jacobs. See Hammond on Fasting Girls, New York, Putnam, 1879.

† See Macaulay, *Hist. Eng.*, chap. xiv; and Macbeth, act iv, scene iii.

THE VERIFICATION.—Having found the scientific probability adverse, the authority untrustworthy, the evidence valueless, and the witnesses mainly biassed and incompetent, there is but one other logical method whereby to still further pursue this investigation, namely, that of verification by experiment—the third step in Mill's deductive method. It is evident that this might be done by using the "high potencies" ourselves upon the sick, and observing the results; and this is the never-failing exhortation of the believers. The objections to this manner of testing have been so often stated that I will but mention the two of greatest logical force, namely, (1) the operation of the law of mental expectancy on the minds of the observers, and (2) the impossibility of controlling the environment of patients in private practice, so as to secure the necessary logical conditions.

A method, however, has been proposed, which is open to none of these objections, and which must give results according to the existence or non-existence of the medicinal power in question. The Milwaukee test, proposed by Dr. Lewis Sherman, and published by the Milwaukee Academy of Medicine, is an *experimentum crucis* which seems to fill every logical requirement. There can be no doubt about the preparations, they being prepared in the presence of the whole society from the purest materials attainable, and then placed in the hands of a layman, who is wholly free from partisanship on this question, and whose personal and professional standing are so high in his vicinage, and in the country at large, that no doubt can rest on his honesty. From him alone the packages pass to the experimenters, he numbering them, and recording the numbers of the medicated vials in every instance. That there may be no question about the ability of the experimenters for the work, they are sought for only among high-potency men, and thereby the door is shut against any charge of cookery or conspiracy. The experimenters being ignorant from which vial to expect the drug-results, can only select the right one by virtue of the drug-power therein contained, if there be such; and we are wholly secured against any false results save only those arising from chance, which the theory of probabilities will eliminate.

The high-potency men have everything to gain and nothing to lose by this experiment *if their theory and facts are true*. The proposition is thoroughly scientific in spirit, and equally logical in arrangement. It can only fail by the refusal of those who profess to believe in the power to aid in its estab-

lishment. But may not this refusal, if general, be an equally potent factor in the decision of the question?

If the believers are satisfied themselves with the evidence, is it any reason why they should decline to assist in satisfying others, to whom the evidence is not so conclusive; or to aid in establishing the theory as a *scientifically verified induction*? Yet such has been the reply of more than one professor of materia medica in a homœopathic medical college to the invitation to join in the test. What would be thought of a teacher of physics, who, when asserting the existence of electrical force, should decline to demonstrate it experimentally to a skeptical member of his class, though offered the battery and acid needed, with the excuse, "it has been proved, it is not necessary to verify it."

Whether the experiment succeeds, or fails for want of experimenters, one valuable result will be attained. The honest believers will be known, and whatever the result, *their* names will stand high in our professional records. But what will be the verdict of the public and the profession on the course of those who decline to verify their loudly-vaunted hypothesis? They may find, between the dilemmas surrounding them, some loophole of escape; such men always have a ready excuse. The question is, will their excuse be accepted? If the experiment proves the truth of the high-potency dogma, what shame will be theirs who refused to aid in its establishment! If the reverse should follow, will *they* not run the danger of being accused of willful fraud? If neither of these conclusions are arrived at, and the question stands as before, they cannot repudiate the charge of self-acknowledged cowardice; and can never more address a college class, or a medical society, or write up a cure for a journal, mentioning the 30th or higher potencies, without blushing at the remembrance of the Milwaukee test.

Meanwhile it shall be our part to see that no one can hereafter plead ignorance of the proposed experiment; but to diligently cry it aloud through the land, and endeavor to reach every medical ear. We must expect abuse, ridicule, and misrepresentation. Such have always accompanied the efforts of honest lovers of truth. But relying on the purity of our motives, the justice of our cause,—ever looking steadily forward to the goal of our desires, the establishment of the truth,—we shall be content; remembering with the great Roman orator,* that "time obliterates the fictions of opinion, and confirms the decisions of nature."

* Cicero.

TRITURATIONS.

BY DR. C. WESSELHOEFT.

THE article by Dr. J. Edwards Smith, in the May number of the *HAHNEMANNIAN MONTHLY*, justifies me in most earnestly endeavoring to correct certain grave misapprehensions concerning some statements in my report to the Bureau of *Materia Medica*, at the last meeting of the Institute at Put-in-Bay. I hope some day the publication of what I said and did will absolve me from the imputation of having committed the absurd errors attributed to me, and relieve me from the embarrassment caused by the delay in the appearance of the *Transactions*.

In my report I said, that in six triturations of gold-leaf (made in proportion of 25 grains of gold to 100 grains of sugar of milk, each carefully triturated one hour, etc.), the gold-particles, obtained by dissolving and removing the sugar as much as possible, measured from $\frac{1}{25}$ mm. to $\frac{1}{400}$ mm., many of them being visible to the naked eye.

Subsequent measurements proved much smaller particles to be present; none exceeding $\frac{1}{1200}$ mm. This takes nothing from their visibility with a $\frac{1}{2}$ -inch objective. In regard to the mountings which Dr. Smith will bring to the next meeting, I will add what I did not tell him before, that they were made for the purpose of freeing the gold from sugar of milk by solution and washing, whereby some gold of course was lost, and many minute crystals of sugar retained in spite of very frequent washing, illustrating only the difficulty of disposing of this substance. Those samples were never intended as fair representatives of triturations; nor did I base my conclusions in regard to dimensions of particles on preparations made in this way, as will be seen by my report.

Triturations, 1st, 2d, 3d, were subjected by Dr. Smith to his American $\frac{1}{8}$ (275—5000 diameters!), and the doctor at once declared them to be conglomerations of very minute particles. He did so without a moment's hesitation, when a more cautious expert would have devoted many patient hours to research before expressing an opinion. I contended in vain that they were very large single fragments, which it was impossible to see distinctly with so high an objective. It became evident instantly that Dr. Smith was misled by a hastily and inexplicably preconceived notion that I was cunningly giving him a test for superior American object-glasses. I failed entirely to persuade him of the contrary at that time.

I am delighted that at last he examined my preparations diligently, and that he found the "big chunks of gold" which I claimed to be able to see with a $\frac{1}{2}$ -inch objective. The very small particles which Dr. Smith thinks I did not see, I have carefully described in my report as measuring $\frac{1}{3000}$ mm. They are not gold, but minute crystals of sugar of milk. They were determined by a $\frac{1}{9}$ objective dry and $\frac{1}{15}$ immersion.

The report furthermore states that particles of precipitated gold measured from $\frac{1}{1200}$ to $\frac{1}{1800}$ mm. They were visible with the $\frac{1}{2}$ -inch objective and shallowest eye-piece with perfect and unequivocal distinctness. I did not state the focal distance of my objectives in the report, and hence make this supplementary statement.

Hence it is evident, that we were at variance upon quite different topics, Dr. Smith having been under the impression that I impugned the capabilities of his glass, while I only maintained, and do now, that it was quite unadapted to examination of those "chunks."

I protest that I am irresponsible for the source on which is founded the assertion as to my having seen with a half-inch object-glass of Hartnack, particles of metals of $\frac{1}{4000}$ mm. (or $\frac{1}{101600}$ inch). Such reckless impeachment arose from quotations of Dr. S. A. Jones from some trade journal, and is now hastily reiterated by his friend, Dr. Smith (see last number of this journal). My report will show, that particles of quicksilver, rubbed with balsam to the size of $\frac{1}{3000}$ to $\frac{1}{4000}$ mm., could not be recognized with low powers, but required high ones.

To expect any candid man to spend his time in refuting recklessly and unscrupulously distorted quotations from his writings, is in civilized life regarded as barbarous.

I possess none of Hartnack's glasses. I had no objectives of any kind with me at Put-in-Bay. I exhibited none, and therefore Dr. Smith could not have, nor did he, institute a comparison between my glasses and his. All he compared was what he too positively *assumed*, with that which he could demonstrate, viz., the markings of what he then called *Frustulia rhomboides*, No. 18 of Möller's test-plate (my catalogue of Möller calls No. 18, *Navicula rhomboides*, or *Frustulia saxonica*). These he exhibited well with his Tolles $\frac{1}{6}$ duplex immersion, worked, as he said then, at 3000 diameters. *This test was, of course, defeated by the "chunks" of the 1st, 2d, and 3d triturations of gold-leaf.*

That the subject of microscopical examinations of triturated metals, etc., is a very difficult one, none can testify more posi-

tively than myself. These difficulties are faithfully stated in my report to the Institute. It is to be regretted that Dr. Smith has not stated the difficulties which he says the subject is "bristling" with. It is also desirable to know his methods of overcoming them.

To repeat my methods of manipulation exceeds present limits. Though low powers are sufficient for many purposes, no one can excel my zeal for the perfection and use of high powers, including those of American workmanship. Those which I used were made by Mr. Carl Zeiss, of Jena, spoken of in terms of high praise by Prof. Frey in his textbook. The objectives range from $\frac{2}{3}$ inch to $\frac{1}{15}$ immersion. These, together with an illuminator invented by Prof. Abbe (*Max Schulze's Archiv. f. micr. Anat.*, vol. ix, p. 496), admit of examinations with direct daylight as well as lamplight. This accessory is particularly well adapted to this subject, as also Beck's simple little instrument.

OVARIOTOMY.

BY JAMES B. BELL, M.D.,
AUGUSTA, MAINE.

(Read before the Maine Homœopathic Medical Society.)

CASE 5.—Mrs. V., patient of Dr. Eaton, of Rockport; has always been much of an invalid; age 29; dark complexion, with a rather sallow, unhealthy look; courage very good. Tumor has existed about two years. Has never borne children. Has not been tapped.

October 1st, 1874. The usual examination led to the diagnosis of a multilocular tumor without extensive adhesions. Incision was made about three inches and enlarged to five. Adhesions were not serious; the pedicle was rather short and thick. I had already determined to use the ligature with such a pedicle. To avoid all hæmorrhage a stout double ligature of silk was passed through the middle of the pedicle with an aneurism needle, and each half tied separately and very securely. The ligatures were cut short, the abdomen thoroughly cleansed, and the outer wound closed. The patient was left in the care of Dr. Eaton the next day, and made a rapid recovery. The ligatures have never been heard from. She remains in very good health.

CASE 6.—Mrs. L., of Rockland, aged 62, was sent to me by Dr. Eaton. A slight spare woman. Has the "ovarian countenance" to a marked degree. Has been married thirty-six

years. Had five children, last one twenty-four years old. Passed the turn of life quietly twenty-three years ago. Thinks she observed a small tumor in the left side, eight or nine years ago, but there was no decided enlargement till two years ago. Then she began to increase considerably and, for the last six months, very rapidly. I have quite often noticed this acceleration of growth as the tumor enlarged. Was tapped by Dr. Eaton three weeks ago, removing three quarts of dark fluid, probably emptying one sac.

Examination shows the abdomen enlarged to full capacity; very prominent in front; some rounded projections slightly apparent; walls everywhere movable over the walls of the tumor, as much as the tenseness will allow. Slow fluctuation everywhere. Uterus somewhat elevated, but movable laterally. Anterior and posterior *cul de sac* empty; sound passes in about one and a half inches.

Diagnosis.—Polycystic ovarian tumor; no serious parietal adhesions; pedicle rather short; cannot lie down or rest at all with any comfort; advise immediate operation at Augusta, as it is now believed that these operations are more successful under the immediate care of the operator, and we must certainly give such patients every fraction of a chance which may be in their favor. As Dr. Brackett, in his report on ovariectomy in Maine says, we may only hope for the best success when the surgeon "will give his whole time and attention to his patient till recovery or death."

September 6th. Patient arrived last evening. Has had much pain low in left side of abdomen, for the last two days more than ever before. She fears serious inflammation and adhesions there. Has entire resignation, but very little hope. Cannot lie down; pulse 112; some appetite.

At 2.45 P.M., Dr. Thompson began to give the ether; took it well, but some vomiting. At 3.15 began incisions, three and a half inches long; about twenty-five minutes were spent in stopping capillary bleeding before opening the peritoneum. The walls of the abdomen were seen to move freely over the tumor during respiration. Many large veins were visible in the sac, showing the danger of tapping with anything larger than an aspirator needle. Tapped a cyst at the upper end of the incision with Well's trocar modified by Mears, and then three other cysts without removing the trocar, the last one the largest. The tube attached to the trocar carried all the fluid to a tub under the table. The fluid was thick and dark. As usual some fluid escaped about the trocar, but was mostly

kept out of the peritoneum by sponges. After emptying all the sacs we drew out the trocar and securely tied the puncture. The only adhesion was one from the base of the tumor to the left inguinal region, but not as high up as the former pain and soreness, and also evidently old. Had to enlarge the incision to four and a half inches in order to draw the tumor out, and the union with the fundus of the uterus was so close we had to pass the uterine sound to be sure of its location. Had to ligate within one-half inch of the uterus to remove small sacs at the base of the tumor. After ligating and cutting away the tumor the stump was clean and free from bleeding. The ligature was applied double and passed through the pedicle as in the last case, to prevent any chance of slipping.

Cleansed the abdomen carefully, then explored by light, reflected in by a small mirror, and found the remaining ovary enlarged to the size of a hen's egg, with a single translucent sac. Ligated and removed in the same manner as the other, the ligatures on both being made very secure; then cut short and dropped the stump back into the abdomen. Some time was now spent with new clean sponges, wrung out of hot water, in removing any trace of foreign body and slightest tinge of blood from the pelvis and the intestines. The water was medicated with a little *Calendula*. I believe that the mechanical irritation from this course is a less evil than the irritation which will result from fluids left behind to decompose.

Closed the wound with six interrupted sutures and applied the compressive bandage; pulse 100. Put her to bed at 5.45. One-half hour later still sleeping from the ether; pulse 98, soft and quite full. At 9.30 P.M. applied soft catheter, and left it to be uncorked by the nurse every six hours. Some nausea and faintness. Complains of smarting in abdomen, but says it feels better than before the operation. Arn. 2°, in water every two hours.

September 7th, 7 A.M.: Rested a good deal during the night; wanted water drawn every three hours; some nausea; pulse 98, warm. 10 A.M., eighteen hours after operation, comfortable; pulse 96, full and soft; urine quite free and of good color. Has been very scanty and high-colored for some months.

30th hour, 10 P.M.: Pulse 110, a little jerky; slight fever; some flushing of face; headache; much thirst. Acon. 2° in water every hour and a half.

September 8th, 38th hour, 6 A.M.: Pulse 100; skin moist;

slept a good deal; no pain; likes her flour gruel. Acon. every two hours.

54th hour, 10 P.M.: Passes much urine around the catheter, keeping her wet; pulse 108; thirst continues; have cloths placed to catch urine and to be changed often. Continue Acon.

63d hour, 7 A.M.: Much annoyed by the urine; considerable pain in the left groin, like that before the operation; has had troublesome and unpleasant dreams ever since the operation, probably from the dorsal position; tongue moist and somewhat furred; removed the catheter and the wet drawers and cloths very much to her comfort. Is to use the bed-pan for urination. Continued the Acon.

70th hour, 2 P.M.: Dressed the wound; union nearly complete; has had some pain from flatus, relieved by Coloc. 2^c; pulse 100; gave Sac lac.

77th hour, 9 P.M.: Moved her across the bed on the sheet and with much relief; gave some weak hot tea; very comfortable. Sac lac.

September 10th. 4th day: Very good night; thinks of food; gave milk, weak tea, and soda crackers. No medicine.

September 11th. 5th day, A.M.: Removed five stitches; wound seems healed; did not disturb the adhesive plaster; pulse 92, a little weak; great craving for lemonade all the time, but just expressed it. For this as a characteristic, and the weakness, gave Secale 2^c in water; also beef tea and milk.

5th day, evening: Pulse 96; no appetite; less thirst; continued Secale.

September 12th. 6th day, A.M.: Not much sleep; never a good sleeper; pulse 96; a little stronger; no pain or soreness; continue medicine.

Evening: Stronger and brighter; pulse 94; has taken a quart of milk in the last twenty-four hours. Sac lac.

7th day, A.M.: Has rested well; pulse 104, full; feels bright; wants some food; to have milk, some oranges, and the juice of succotash.

Evening: Had a hot day, causing some prostration; pulse 102; has relished food; tongue clean but rather red; removed the last stitch; wound perfectly healed.

8th day, A.M.: Rested better than any previous night; pulse 108; tongue too red, but feels well and is hungry; to have tomato, baked potato, bread and butter.

Noon: Relished her food; took her off the bed and put her on a sofa to have the bed changed.

Evening: Pulse 111; rather tired; toinato caused wind and pain. Secale every two hours.

9th day, A.M.: Rested some; tongue moist and less red; pulse 102; no appetite. Continue medicine.

Evening: Slept a little; no appetite, except for fruit, acids, or something icy cold; not much thirst; hard feeling in the stomach; pulse 110; Verat. alb. 2^c in water.

10th day, A.M.: Slept a little towards morning; pulse 96.

Evening: Another hot day and some prostration; pulse 100; has relished ice cream very much, and it agrees; tongue quite red; can now lie on the left side. Phos. 3^m in water.

11th day, A.M.: Very good night and looks much brighter; pulse 94.

Evening: Had a good day; food has all tasted good; pulse 87.

12th day, A.M.: A stormy night disturbed her, but still gaining; tongue less red; appetite for solid food, which allow in small quantities. Gave Sac lac.

13th day: Pulse 81. From this time recovery went on quite rapidly without drawback. The bowels moved naturally on the nineteenth day without any injection. There was a slight sense of fulness before the start, and very slight prostration afterwards, but nothing compared to what we usually see when the bowels are moved by an injection.

Recovered without further symptoms and enjoys good health.

I have reported this case quite at length because the result seemed to hang in the balance so long, and yet, with no discoverable local cause. There may have been circumscribed peritonitis, but there was no pain nor soreness to indicate it. Secale and Verat. did much to change this for the better, but I believe Phosphorus should have been given much earlier. If none of these remedies had been used, I believe asthenic peritonitis would have set in and carried off the patient.

These two cases show the comparative safety of the ligature in short pedicles, and that there is no necessary danger from the remaining of an ordinary waxed-silk ligature in the abdomen. It is already proved that the knot in catgut is very unreliable, and I never poison my patients with carbolic acid. The recovery of this patient, against her expectations, was very pleasant to witness. She seemed to feel almost like one raised from the dead.

OPEN LETTER TO PROFESSOR CONRAD WESSELHÆFT.

MY DEAR DOCTOR: I have just read your "*Open Letter*," and "those whose friendship *I* hold dear will pardon me for" descending "to reply."

He who gave its clear note to the heaven-scaling lark, its hoarse croak to the raven, also voiced men and gave to each his utterance. If I have, as you say, used "offensive terms, vituperative accusations, and flippantly abusive language," I stand by each as the voice of *me*; such is *my voice*, and I would rather be despised for what *I am*, than admired for that which I am not.

If my style was studied, if it was not as involuntary as my breathing, I might "tak' a thought and mend." As it is, my paper work is ever done *currente calamo*, and, if it be all that which you say, in its deformity you see my unconcealed infirmity.

This is not apologetic, it is explanatory; make the most of it. But, my colleague, as you are not a disinterested, you may not be a competent judge on this occasion.

On the 7th of April a gray-haired Gamaliel of our faith (one whom your father loved, one who honors your father's memory) wrote to me: "Your '*Open Letter*' is a masterly criticism. We all were delighted, and our co-laborer . . . had to read it to us over and over. It is the best of all defences of our master's views we ever had." On the 12th of April the editor of this journal wrote to me: "Your letter has awakened a storm of indignation and applause." Evidently it makes a difference whose ox is gored.

Meanwhile, despite this dual "storm," which I, like a homœopathic Prospero, had aroused, all was serene at "*Saints' Rest*;"* my appetite was unimpaired, my dues to Cloacina were duly rendered, my sleep was that of the just. "Storm?" Old Probabilities made no mention of it in the "Upper Lake District."

Let you and I be level-headed for the once, and "without prejudice" say that the editor's "storm" was—*borborygmi*, and let us remember that neither "indignation" nor "applause" can affect the issue. You are true or I am true, and this only should give us concern. To that I turn, and, despite my in-

* In Ann Arbor the *élite* have names for their places of residence; mine is "*Saints' Rest*."

firmities, with all that is in me yearning to do a man's part in finding the truth.

In this endeavor I shall keep the words of our friend "*Senex*" in mind, and try not to "puzzle and confuse the casual reader" (though the puzzling is solely due to an unacquaintance with microscopy), and even more earnestly will I seek not to "vex the earnest student."

First, then, it is simply impossible for you to shirk the responsibility of so much of your German translation as has been published in that "trade journal;" it tallies with so much of your German translation as appears in *The Homœopathic Times* for March; it coincides with a translation made for me by a good German scholar, which *I* am not, though I should deem it a luxury to be able to swear in sonorous German.

This part of your "Open Letter" is child's play, and I leave *that* to you and for you.

Secondly, the screw-collar item. You call it "the unfair inference that I (you) am ignorant of the screw-collar," etc. Your inquiry at Put-in-Bay was "What do you 'focus' for *down there?*" WHEN an expert was adjusting the screw-collar. You now say "that I (you) *am* ignorant." You have had a chance to learn something since reading my "Open Letter," and you would to-day stand better in my sight had you written, "the unfair inference that I (you) *was* ignorant of the screw-collar." As it is, your denial is suspiciously *ex post facto*. But, Doctor, if I allow you to be, and to have been, an expert in all the screw-collar mystery, that fact will only doubly damn your conclusions as a microscopist. You may take either horn of the dilemma.

As regards the "friends" to whom you refer (eye and ear witnesses to all this little business), one of them says, in an unsolicited letter of May 1st, "Fifth. There is nothing about this whole affair which you or your friends 'dare' not ventilate, and to the bitter end."

Thirdly. You make me accuse you of having made your "observations with a $\frac{1}{2}$ -inch objective *alone*." That you had not used "a $\frac{1}{2}$ -inch objective *alone*" is seen from what I quoted (from your German translation) on p. 196 of this journal, for April. "High powers, however, are necessary for making measurements, or to obtain proof of the identity of a substance;" yet, doctor, at Put-in-Bay you spoke praisingly of the " $\frac{1}{2}$ -inch objective," *as* the lens with which you had "done such good work."

Will you believe that in my "Open Letter" I handled you

with a tenderness which is almost equal to your rashness? If your recorded measurements, as tested by Ehrenberg's data, are ascribed to "a $\frac{1}{2}$ -inch objective *alone*," can you not see that the discrepancies are immensely less than if I had figured from an objective of shorter focus? * You are ungrateful, or at least not decently thankful, for small favors.

Fourthly. I reiterate the charge of broken faith with the American Institute. You had no right to publish until it *had* published, and not even then without special permission.

Fifthly. You say you have not "settled the questions relating to the effect of trituration," etc. *On this assertion, doctor, you and I are in unison.* If there be any difference, it is that you suspect the fact while I know it, and not only I.

Lastly. I am constrained to say that should you think it "*not*" worth while to consider my paper, I don't think it will make any difference to the little landlord of *Saints' Rest*—or any one else. You see this isn't a promiscuous funeral; it is a special one, and the corpse is identified, and *the mourners are notified.*

TO THE HOMŒOPATHIC PROFESSION: It was my right as a homœopathic physician and as a professed microscopist to submit Professor Wesselhœft's extraordinary "Microscopic Examination of Triturated Metallic and other Hard Substances" to criticism. That criticism is under judgment; let the qualified attend to it.

Professor J. E. Smith, an expert of unsurpassed skill, does not accept the Ehrenbergian data as a *point d'appui*. But, assuming them to be purely hypothetical, their errors are equal-

* A somewhat similar mental amaurosis has led a gentleman from Milwaukee to point his quill at me in the matter of "atomic magnitudes." The same charity which led me to figure from a $\frac{1}{2}$ -inch lens, made me use the "maximum rough guess" of 250000000 rather than the higher "guess" of 50000000000. I used my "rough guess" on the authority of, and in the same sense as P. G. Tait, as it is not my wont to deal with the encyclopædic filterings which are the sole stock of some tyros in science. Says this calow fledgling:

"Professor Jones may reply that he used the word 'atom' as *did Sir W. Thompson*," in the sense of 'molecule,' but if so it only proves that his chemistry is of the old Daltonic kind, and that he is not informed on^b the vast changes which have taken place in that science during recent years."

Professor Jones and Sir W. Thompson are under obligations to the gentleman from Milwaukee.

^a "Thomson without a p" (an "anhydrous" Thomson) as Toodles would say.

^b "Informed on," a kind of English which we have "heard on" from small dealers in encyclopædic knowledge.—S. A. J.

ized, in that the same ratio of error holds for every objective tried by it. Therefore the conclusions which I have deduced from it are tenable and unanswerable.

In his "Open Letter" Professor Wesselhœft says, "I would gladly answer your objections and questions were they based on what I had actually done or said."

In my objections I have simply translated Professor Wesselhœft's observations and conclusions into such language as any competent microscopist can comprehend; and *his* inability to comprehend the same does not in the least degree detract from its correctness. I am glad to learn of this ignorance on the part of Professor Wesselhœft, as it explains all, and extenuates much, of his foolhardiness.

I turn now to his recorded *data*—*data* derived from his "German translation," for another view of their scientific value.

I cite from *The Homœopathic Times*, p. 16, March, 1879:

"*Aur. precipitat.*, says Mayrhöfer, is much more easily triturated than *Aur. fol.*

"In the first trit. the particles are $\frac{1}{600}$ to $\frac{1}{1200}$ mm., or at the utmost $\frac{1}{1800}$ mm."

Understand distinctly, $\frac{1}{1800}$ th of a millimeter *is the smallest particle* CLAIMED TO HAVE BEEN SEEN BY *Professor Wesselhœft*.

The $\frac{1}{1800}$ th of a millimeter is the $\frac{1}{46153}$ d of a British inch, and such a sized particle Professor Wesselhœft claims to have "seen" in the 1st, 2d, and 3d triturations of precipitated gold.

Now for the testimony of an expert: "Dr. Wesselhœft kindly presented me with mountings of the 1st, 2d, and 3d \times trits. of Aurum met., which I understood from that gentleman were his own preparations. These mountings I have examined diligently, and find that they are not triturations at all; but consist principally of big *chunks* of gold, with now and then a very small particle, measuring from $\frac{1}{21000}$ th to $\frac{1}{30000}$ th." (HAHNEMANNIAN MONTHLY, p. 268, May, 1879.)

I know that Professor Smith has made his measurements of these very particles under an amplification of 1500 diameters, and with this and his recognized skill, how can we account for the immense variation— $\frac{1}{30000}$, $\frac{1}{46153}$ —16153 difference!

I do not know what "Senex," with the soft-soap of his cultivated *suaviter in modo* would have me say; I do know that the *fortiter in re* of the simple truth demands this: *One of these men knows his business, and the other does not; and the*

suave "Senex" may say which is which when next he "sits down by his genial fireside and 'picks me up.'"

In this journal for April, and "in offensive terms, vituperative accusations, and flippantly abusive language," I said:

When an unqualified assails a dictum which has had general acceptance he only unsettles the belief of thousands who will not make the preparation necessary to judge both the affirmative and the negative. An unqualified assailant simply puts upon the world's market an EIDOLON for an egg, and it is only when it is bought for incubating that the fraud is discovered.

In behalf of the simple truth I am in duty bound *thus* to "vituperate" while I live. The "unqualified" everywhere may take heart, for if I "blow them up" there is "Senex," like a good Samaritan, ready to ease their fall with his little feather bed. [But, O Senex, didst thou ever hear of a broken bone in a—mollusk? *They* belong to the *invertebrata*, and where there is no backbone the brain mass is in the abdominal cavity and—out of danger!]

Finally, to even him who runs there is an evident outcome to this eclipse of faith into which our school is entering; and in both "Boston with her Athenian incredulity" and the piddling Pyrrhonism of beer-brewing Milwaukee any one can plainly discern the spirit that darkens counsel. Just now it is a cloud no bigger than a man's hand, but the mists are falling, the fog is thickening, and will-o'-the-wisps are flitting about to lure the unwary into sloughs unfathomable. It is a time for every man to choose his place, and to choose wisely. And choose men will; some on the sand, deluded by the mirage of pseudo-science; some on the rock, brought thither by him who is the Moses of medicine, who led his followers through the wilderness, who gave to them the God-written tables of the *law*, and who pointed out the promised land of Positive Therapeutics.

With these, and even as the most unworthy of them, do I take my stand. As a homœopath I must do this. As a homœopath I must say to the despised "high potency men," to the derided "shinglers:" "Let me go with you, and let your lot be my lot."

Perhaps I who say this have dipped, and am dipping, as deeply as any of our teachers, into the flesh-pots of old-school science, and yet, when it comes to the absolutely practical, fruit-bearing application of positive therapeutics, I know of not one instance of actual advance that is not traceable to Hahnemannian teachings, and by such teachings I mean *the law of similars, the single remedy, and the minimum dose.*

That I must accept unqualifiedly the Hahnemannian interpretation of each of these teachings does not follow. That there be error in the Hahnemannian interpretation of each of these teachings does not impair their truth, does not impede their practical application, does not inhibit their productiveness in positive results.

Science may fumble until the dawn of eternity for an "atom" in the 30th dilution and not "see" it; but is the "atom" inoperative because it is unseen. The only atomic *visibilities* known to me are found in the reasonings of certain men who play with *names*, imagining they are *things*. What are matter, light, heat, electricity—phenomena *perceived* not *conceived* by consciousness. Electricity is "a mode of motion;" it can be *felt* by me under certain conditions. The 30th dilution can also be felt by me under certain conditions; has been felt by me, *perceived* by consciousness, under certain conditions. Then will it satisfy a diapered "scientist" if I drop a hated name, and say: The 30th "mode of motion" of Arsenic is *perceived* by consciousness?

I am willing to go upon record as declaring my belief that, the atomic theory will find a place only in the history of science before the dawn of the twentieth century, and I base my belief upon such phenomena perceived by consciousness, as are obtainable now only from and through the derided high potencies.

Meanwhile what are the signs outside of our school?

First. That Hallerian idea which Hahnemann "followed up," that the physiological action of a drug can be determined only by experiment on the healthy, is accepted, insisted upon, inculcated by "irregular" medicine to-day; *vide* the preface to Professor H. C. Wood's *Treatise on Materia Medica and Therapeutics*.*

Secondly. The fact, that in the physiological action of a drug lie the indications for its therapeutical application, is also being appropriated *clandestinely*, as if a man need filch any truth of God's; *vide* Ringer's *Therapeutics*, and Phillips's, and H. C. Wood's, and Roberts Bartholow's, and, in fact every work that is abreast with the century. To behold what contortions the ingestion of a simple truth can cause some men, *vide New York Medical Journal* for March, 1879, p. 251, "On the Elective Action and Small Doses of Medicine," by Thomas J. Mays, M.D.

* I would like to ask the catholic-hearted editor of this journal, if that very preface did not help to show him the "handwriting on the wall?"

Thirdly. The small dose is being accepted as an inevitable necessity, *vide* Ringer and Dr. Mays. I have heard that even in the "Department of Medicine and Surgery" (which is as regular as a crumpled cow's horn) in this University, one drop of Fowler's solution in a pint of water has been prescribed, and *not* as an enema.

O, my fellow-homœopaths, I foresee your fate and mine. The old school is fiercely esurient; for two thousand years it has fed on "the husks which the swine did eat;" it is ravenous for the life-giving juices of homœopathy. I see the "amoeboid movement," the hungry protoplasmic arms stretching out far and wide. I am "going in" as a "high potency homœopath," and as God liveth that *name* will shine through the transparent protoplasmic thief and publish the theft to the universe.

The "heathen may rage" and the "people may imagine a vain thing," but each of God's truths is also "a mode of motion," which sooner or later will be perceived by each receptive consciousness as surely as the sunbeams thrill the seed.

S. A. JONES, M.D.

UNIVERSITY OF MICHIGAN, May, 1879.

THE AMERICAN INSTITUTE RENDEZVOUS.

BY PROFESSOR J. W. DOWLING,
NEW YORK CITY.

THE American Institute meets at Lake George on the 24th of June. Where is Lake George? It hardly seems possible that any person familiar with American history should be obliged to ask such a question; yet the question is asked, and that too by native-born Americans, who can speak intelligibly and from actual knowledge of the Lakes of Killarney and of Lake Geneva, in Switzerland, and who pronounce the latter the most beautiful sheet of water on the bosom of the earth.

At a recent meeting of the Horicon Club held at Lake George, the Rev. Dr. Gillette said, a few years since it was his privilege, with twelve Americans, to be on Lake Geneva. After they had exhausted the English language in sounding the praises of that beautiful lake, he remarked that, if allowance was made for the snow-capped Alps, although all that had been said was true of Lake Geneva, it was not equal in beauty to Lake George. This was disputed by his American companions, when a tall foreigner, who had been listening to the conversation, remarked, that he was a native of the Lake

Geneva Valley, had spent his early life there, and consequently had good reason for admiration of its associations and attractions, but he had spent two summers on Lake George, and was free to say that it excelled Lake Geneva in almost every particular. The question was then asked of the twelve Americans, who had exhausted their vocabulary of expressions of admiration for the beautiful lake upon which they were sailing, "How many of you have visited Lake George?" *Only one*, and she had been taken there when a child by her parents. This is a striking illustration of the disposition Americans have to visit other countries at the expense of a knowledge of their own—their every way superior native land. The head of Lake George is just sixty miles due north from Albany and twenty-five from Saratoga Springs, and with its surroundings is the most beautiful spot on the face of the globe. This gem of purest water—so pure as to be transparent in places to the depth of fifty feet—was called originally by the Indians, *Horicon*, or the Silvery Waters; later by the French from Canada, who discovered it in 1609, *Lac du Saint Sacrement*, owing to the purity and transparency of its waters. It seemed to them as if this lake had been provided expressly for sacramental services, and for many years its waters were regularly transported to Canada to be consecrated for use in the Roman Catholic churches for baptism and other sacred purposes. It subsequently received its present name from the English, who named it after their ruling king, George I. In some places the water is known to be over 400 feet in depth. The lake is thirty-six miles long and from three-quarters of a mile to four miles wide. On each side is a high range of mountains, extending nearly its whole length. These mountains are part of the Adirondack range, which of late years has become so popular as a health resort for those suffering from pulmonary difficulties.

In approaching Lake George from Canada, or from the northern part of Vermont, a delightful sail through Lake Champlain is rendered necessary, affording a magnificent view of the Green Mountains on the one side and the Adirondacks on the other. The old-established bridal trip included a sail through the rapids of the St. Lawrence to Montreal, a trip across land to Burlington, a sail through Lake Champlain to Ticonderoga, a four-mile stage ride across the narrow strip separating it from Lake George, and then a most beautiful and sublime sail of thirty-five miles through this *Lac du Saint Sacrement* to the hotels at the head of the lake, where a week's honeymoon was enjoyed as it could be enjoyed nowhere else.

In approaching Lake George from the east, west, or south it is necessary to pass through that exceedingly popular and well-known watering-place, Saratoga. Every one knows just where Saratoga is and just how to get there. Every one has tested the waters of this fashionable resort. Although we cannot speak enthusiastically on the subject of the cathartic effect of the waters of Horicon, we can say, that to our individual taste, to the taste of our children, in fact, to the taste of our entire circle of relatives, with the exception of one maiden aunt, the pure blue waters of Horicon are preferable in every respect. People visiting Lake George do not realize the necessity of drinking the nauseous compounds which have given Saratoga such a reputation as a health resort.

From Saratoga we have a short railroad ride of one hour to Glen's Falls, and then a drive of nine miles through a beautiful section of country, rendered interesting by its intimate connection with colonial history and colonial wars. Bloody Pond is passed on the right, deriving its name from a terrible massacre which took place near its banks during the French and Indian War. The bodies of the slain were thrown into this pond, their blood coloring its waters red. On the left is the Williams Monument, erected to the memory of Colonel Williams, the founder of Williams College, who was killed on the spot where the Monument now stands, in the year 1755, while at the head of his command of 1200 men, having been sent by General William Johnson to attack the French General Dieskau, who was stationed a few miles east of the lake with an army composed mostly of Indians.

Then we pass Fort Gage; then, a little to the right of the main road, Fort George, which is now standing and is visited by all Lake George tourists, and, finally, we reach the Fort William Henry Hotel, which stands on the site of the old fort by that name. This fort was built by General Johnson, and became one of the strongholds of the English during the remainder of the war. It was finally, with its garrison of 500 men, taken by General Montcalm, the terms of capitulation being, that they should be allowed to march out with all the honors of war; but when the fort was given up, Montcalm found it impossible to check the ferocity of his Indians, and the garrison was massacred in cold blood.

It is in this section that the thrilling scenes of Cooper's romantic novel, *The Last of the Mohicans*, are laid. A review of this interesting book would add greatly to the pleasure of the trip to Lake George this summer. It is use-

less to attempt to describe the places of interest on and about Lake George, although they can be seen and appreciated in a short visit; a large book closely written could not begin to do them justice. That sheet of blue, pure, transparent water, dotted in every direction with islands of every size and shape! Those mountains, grand and beautiful in the extreme! No one should think of dying without first visiting Lake George; and, as life is short at best, and as we know not when we shall be called upon to shift this mortal coil, all should embrace this opportunity to attend the meeting of the American Institute of Homœopathy this year, and thus combine profit with a view of this garden spot of the world. And when you come, bring your wives and your children with you, and "your sisters, your cousins, and your aunts."

OUR ENGLISH LETTER.

EDITOR OF THE HAHNEMANNIAN: The position of a medical man practicing homœopathy alone in a country town is not altogether an enviable one. If he is on good terms with his professional brethren of opposite views, it does not, as a rule, speak well for his ability. There is one thing a medical brother who sneers at your practice cannot endure; robbing him of his patients is a comparatively venial offence, but *curing* his patients is unpardonable. If you do that, there is an end to professional intercourse. Social intercourse may go on just the same; he will eat with you, drink with you, play with you, vote with you, and even pray with you; but there *is* a line—he cannot *consult* with you. Now there are times in the best-regulated practices when this is very awkward. Hernia *will* get strangulated sometimes, and it is not an easy matter to manage a strangulated hernia single-handed, when Nux has done its best and failed.

Happily there are noble exceptions to the rule of narrow-mindedness and bigotry—men who are ready to give the needed help when they can. But in opening up new ground a practitioner of homœopathy has to risk all this, and unless he is a strong man, and has powerful friends, his work is a very up-hill one.

Readers of Dr. Hughes's *Pharmacodynamics* will be pretty familiar with the name of Dr. Phillips. £7000 damages have just been awarded to him in an action brought by him against a railway company to recover compensation for an ac-

cident sustained on their line in December last. The sum claimed was three times the amount awarded, and even that would be but poor consolation for paralysis for life, and total incapacity for work.

All must regret deeply the sad calamity that has befallen Dr. Phillips, in whatever light we may be disposed to regard him in other matters. For thirty years Dr. Phillips practiced homœopathy in Manchester; he then discovered he had been in error, and went over to the other side and took up his abode in London. He was appointed Lecturer on *Materia Medica* to the Westminster School of Medicine in London, and brought out a book on the subject. The book was warmly praised by all the allopathic journals, which discovered great ingenuity and research in the author. Homœopaths looked for full refutation of the homœopathic error by which the author had been deluded so long; they were disappointed, for they failed to find in it anything new, and what they did find was almost pure homœopathy, wanting the name.

It is satisfactory to learn that Dr. Phillips did not suffer in a pecuniary way, for conscience sake. It was stated in evidence at the trial that his income for the last three years had averaged £7000 a year, not including special fees, and on one occasion he received a special fee of £5000. One of the witnesses for Dr. Phillips was his brother crypto-homœopath, Dr. Ringer, also a familiar name to the readers of Hughes.

The dose question has had an important contribution in Dr. Burnett's monograph on *Natrum muriaticum*. At a meeting of the British Homœopathic Society, Mr. Engall read a paper on the Hahnemannian Method of Succussion, in which he related experiments undertaken to prove the truth or otherwise of the dogma. They seem to have proved conclusively, to his own mind, that there was no truth in it. What they really showed was, that while four drops of Prussic acid (Scheele's strength) will kill kittens and rabbits in a few seconds, the 1st dilution of the same, percussed ever so much, will not kill them. Whatever may be thought of *succussion*, if the question of *attenuation* had not been settled before, Dr. Burnett's cases would do it now. All his patients were taking crude salt in all manner of ways and doses, one even taking a teaspoonful a day extra without any effect on the disease, until Dr. Burnett interfered with his 6th centesimal trituration, or his 30th dilution, which soon altered the state of affairs in spite of the continuance of the ordinary allowance of salt with food.

In spite of certain eccentricities of style, the little monograph is the most solid bit of work on homœopathic therapeutics that has seen the light for some time. Dr. Burnett has great originality, and is one of the keenest and most conscientious observers we possess. If he would only take a little pains to make his manner as good as his matter, his power in the cause would be much greater than it is. He has lately left Birkenhead and Liverpool, and taken up his abode in the metropolis, where his presence at the meetings of the British Homœopathic Society will be warmly welcomed.

Fraternally yours,

DR. JOHN H. CLARKE.

May, 1879.

HOMŒOPATHIC MEDICAL SOCIETY OF THE COUNTY OF PHILADELPHIA.

THE annual meeting of the Society was held on April 10th, 1879, at the Hahnemann Medical College.

After the reading and acceptance of minutes of the last meeting, the following gentlemen were elected to membership: Drs. J. Herbert Reading, J. W. Strong, D. M. Castle, Joseph Hancock, D. L. Snyder, J. H. Young, H. L. Stambach, Van R. Tindall, and Clarence Bartlett. The Treasurer made a gratifying report, showing that the receipts of the past year were larger than they had been in any three years since the organization of the Society. The Scribe then made a report, referring to the latest views on the nature of tubercle, as demonstrated by microscopic researches.

The President, Dr. John K. Lee, in a few choice words, alluded to the anniversary of the birth of Dr. Samuel Hahnemann, the founder of the homœopathic healing art, and thereupon the following resolution was unanimously adopted:

Resolved, That upon this return of the anniversary of the birth of Hahnemann we would again acknowledge our indebtedness to Providence for so great a boon to humanity, and our unchanged and unfaltering allegiance to the medical doctrines which Hahnemann promulgated and so successfully illustrated.

The annual election was held at 9 P.M., and resulted in the choice of the following: *President*, E. A. Farrington, M.D.; *Vice-President*, J. C. Guernsey, M.D.; *Treasurer*, A. H. Ashton, M.D.; *Secretary*, Charles Mohr, M.D.; *Scribe*, J. C. Morgan, M.D.; *Censors*, P. Dudley, M.D., R. J. McClatchey,

M.D., and A. Korndorfer, M.D.; *Committee on Provinces*, C. E. Toothaker, M.D., and H. Noah Martin, M.D.; *Committee on Prevailing Diseases*, B. W. James, M.D., and B. F. Betts, M.D.

The hour was so late when the election was concluded, that the appointed paper on "The Incompatible Remedies of the Homœopathic Materia Medica," by Dr. Charles Mohr, was not read, but postponed for reading and discussion at the next meeting, when a paper will also be read by Dr. B. F. Betts on, "Our Seaside Resorts; Their Advantages and Disadvantages." Dr. Mohr, however, called attention to the disease, pleuro-pneumonia, now prevalent among cattle, and stated that inquiry had resulted in establishing the fact, that there were in this State some sporadic cases, and that under careful homœopathic treatment the disease yielded readily to such remedies as *Bryonia* and *Antimon. tart.*, and very severe cases to *Phosphorus*. Of five cows given up to die, three were saved by *Phosphorus*, administered by a homœopathic veterinary surgeon. A resolution was then carried directing the Committee on Prevailing Diseases to ascertain the extent and nature of the disease, and, so far as possible, to get statistics to show the relative merits of the different methods of treatment employed, and to report at the May meeting.

A motion was then made by Dr. J. C. Guernsey, and duly carried, to the effect that the Secretary shall write to the editor of each homœopathic medical journal in the country, stating it to be the duty of the Scribe to report at each monthly meeting, such new, interesting, and valuable information, as he can obtain from current homœopathic literature, and soliciting each editor to present a copy of his journal to the Homœopathic Medical Society of the County of Philadelphia for the use of the Society, the Scribe (to whom the journals are to be sent, and who will hold them subject to the order of the Society), in his monthly reports, to give full credit before the Society to the journals from which he draws his information.

Dr. E. M. Howard, in behalf of the society at Camden, referred to the erection of a Homœopathic Asylum for the Insane at Blackwoodtown, New Jersey, now in successful operation, and asked for the co-operation of the physicians of Philadelphia to support the institution as far as may be possible by recommending pay patients.

CHARLES MOHR, M.D.,
Secretary.

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

WM. H. WINSLOW, PH.D., M.D.,
EDITOR.

Vol. I.

Philadelphia, Pa., June, 1879

No. 6.

Editorial Department.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.—The next meeting of this, the largest and oldest of all our societies, will be held at Lake George, N. Y., beginning June 24th, and continuing four days.

To stay at home and read the *Transactions* from year to year is to get some of the "winter fruit," which bears keeping and transportation; but if you would like to have some of that which is more delicate, highly flavored, spicy, enlivening, and cheering, you must come to the orchard and be at the gathering.

The reporter may very faithfully note for you the more staid language of the debates, and the papers may show for themselves in print; but neither the reporter's pencil, nor the printer's art can give you a true account of the friendly greetings, the outside talks, and table chats, and professional jokes, and general good cheer attendant upon our great national homœopathic gatherings.

We younger men have heard the veterans talk of the early meetings of the Institute, when from the East and the West and a little way down South came the pioneers to report to each other, to tell of combats with disease and error, and of victories won—how they gathered facts and gained fresh courage, and, separating, went to their respective fields, stronger and better prepared to exercise the art of healing and to further the cause of medical reform.

Although much of the early enthusiasm has disappeared, as much of the bitter and relentless opposition has died away, there is yet much of cordial greeting and fraternal sympathy in the greater numbers assembled from year to year.

For those who come together to impart and receive instruction, leaving all bitterness and selfish aims behind, there is yet plenty of cheer and much of solid good. We are pleased to know that the principles governing this national society are broad and liberal, yet decided and strong. The most progressive amongst us may have a hearing, may advocate new ideas and methods, and yet the most conservative have no cause for complaint. Happily there is prevalent such an abiding confidence in the right and the true, that no panic comes nor convulsion stirs upon the presentation of what seems heterodox or questionable. Each writer and each speaker being alone responsible for his utterances, disturbs not the practical peace and harmony of the great body.

If he is wrong, his effort will come to nought; if right, no amount of abuse and proscription can hurt him.

Nowhere upon the broad earth, in any society of medical men, is there greater *freedom* of thought and expression and yet more safety for *truth* than in the American Institute.

Its meetings may not be congenial to the narrow bigot, who is only happy when perfectly miserable, and never in company entirely agreeable except when alone in a room panelled with mirrors, and who, like Dundreary's bird, having but *one feather*, inclines to "flock by himself alone." It may suit such men better to stay at home, where there are none to contradict or make afraid.

Great and live questions are to come before the Institute this year, calling for all the learning and wisdom that can be gathered at Lake George.

The day of hero-worship is past and the day of relentless investigation is come, wherein no authorities will be considered so high, no teachings so infallible, and no facts so indisputable as to forbid criticism, contradiction, and new tests.

"BRECC, CKEX, COAX, COAX, OOP, OOP!" so cried the frogs of Aristophanes. In the same manner, and with almost as great an absence of ideas, croak certain members of our school, who do not deserve to be classified even as respectable batrachians. Their public actions and speeches abound in envy, hatred, and malice; their writings bristle with venomous adjectives and slimy allusions. In fact, so numerous are the reptilian characteristics, metaphorically speaking, that all honest, honorable men are justified in avoiding their dirty trail and treating them with silent contempt.

Ever since we undertook the rehabilitation of this journal there have been some of these characters prowling around, like the mythical dragon, ready to devour us if we ventured beyond the confines that they sought to impose, or dared to disregard the beck of talons or flap of sombre wings. We have ventured, and we have dared, and we congratulate ourselves and our readers, that there has been, as yet, no solution of the continuity of our derma, not a solitary bone crunched.

We are afflicted by so severe a dermataneuria, and with such a degree of dermatotylus, as sequelæ of the rough usage that we have experienced in this cold world, that we are bucklered against the darts of envy and the attacks of demons.

We have an idea we know what kind of a journal homœopathic physicians like, and a modest belief that we are able to give them one to suit; so we shall go on as we have begun, and not make any effort to propitiate our enemies, or even to flatter our friends.

THE CRISIS in our school, the consolidation of parties, and the friction and collision of opinions have awakened a fierce, factious spirit, which tends to blind the judgment. Thus a revolt from bad leadership is regarded as a blow at *similia*, a simple scientific test of a potency as an arraignment of individuals, and an attempt to determine the utmost visibility of particles of metal in medicinal triturations as treason to physiological tests. To such a strange *non sequitur* does passion lead. Some men are incapable of a conception of labor for truth's sake, and see some "colored individual in every accumulation of ligneous fragments."

We yield space gladly to a communication from an innocent, truth-loving, scientific worker.

CLEVELAND, OHIO, May 9th, 1879.

DEAR DOCTOR: I regret to learn that members of the American Institute have arrived at the conclusion, that the late microscopical investigations concerning the triturations of Aurum met., are being made with the intention of establishing thereby some previous and preconceived notions concerning "Potencies."

Having, during the vacation, devoted considerable attention to the various trits. of Aurum, I desire to say, that I have been actuated solely from a desire to arrive at the *facts*, and unaccompanied with any personal bias whatever.

Such conclusions as may be arrived at will be presented (through the Bureau of Microscopy) at the next meeting of the Institute, and will, I hope, be found worthy of your attention and consideration.

I remain, very sincerely,

J. EDWARDS SMITH,

Professor of Histology and Microscopy.

Book Department.

We Dissert Books, not Authors.

GUIDING SYMPTOMS OF OUR MATERIA MEDICA. BY C. HERING, M.D. Vol. I. Abies to Armoracea. The American Homœopathic Publishing Society. Philadelphia: 1879.

This is the maiden effort of a new society and the first of a series of volumes by the veteran homœopath, Dr. Hering, of Philadelphia.

The work of the society is a success in the line of book-making, giving excellent paper, clear typography, and very fair binding.

The essay of the distinguished author is in pursuance of a purpose, long ago formed and studiously cherished during half a century, to furnish all possible confirmations, or verifications, of symptoms recorded in a *Materia Medica Pura*.

The purpose, so grand, so encouraging to the honest, earnest practitioner under the law *similia*, we are sorry to say, has not reached its aim, comes not to fruition in the results presented by the volume before us and those announced to follow.

And how could it?

We have no *Materia Medica Pura*. The symptoms recorded as such in Allen's *Encyclopædia*, the largest and most faithful collection ever published, are so impure, so unsifted, so unreliable as a whole, by reason of the notoriously defective provings, whence they have been mainly derived, no one has the courage to claim one-half, or even one-third of them as genuine drug-effects.

In the faithful proving of *Carbo veg.* instituted by Prof. Conrad Wesselhœft and others of the Bureau of *Materia Medica* in the American Institute of Homœopathy, it was found that for every *seventeen* symptoms in anywise attributable to that article (in six provers), there were *fifty-seven* clearly due to other influences. The fifty-seven were noted while taking no medicine, but milk-sugar alone (the fact unknown to the provers at the time), and seventeen were *other* symptoms, afterwards noted by the same provers while taking doses of *Carbo veg.* The occupation, habits, and environment of the provers were exactly the same in both cases, or during the entire proving. And it was not, and could not be said that all the

seventeen symptoms were occasioned by the Carbo veg. The most that could be claimed was that they were *possibly* due to that agent.

Taking the proportion, 57 to 17, and applying it to the symptoms recorded in all the provings of other drugs; or, conceding somewhat to the greater pathogenetic activity of other drugs and making the proportion as 50 to 25; what a vast array of imaginary drug-effects contained in our *Materia Medica* have been prescribed upon and *verified* in the last fifty years!

In regard to the general character of drug-symptoms as furnished by the most famous provers, Dr. Hering has himself written:* "In all provings on the healthy the symptoms following the drug might be or might not be caused by it. We have a decided historical proof that Hahnemann never did 'believe' a single symptom in any of his provings, much less in provings made by others." Some mischievous critic, reading the above, might ask Dr. Hering how it was that Hahnemann ventured to call a collection of provings "*Materia Medica Pura*," if he did not *believe* in any of their recorded symptoms.

But it is evident that physicians, upon the field, among people very sick, relying upon drug-symptoms in the selection of remedies, have been compelled to exercise some sort of *belief*. If they did *not* believe, alas for the sick! and alas for the honesty of the profession, the usefulness of the "healthy vital test," and for homœopathy itself!

Drs. A., B., and C., seeming to have some measure of belief in the homœopathic *Materia Medica*, went forward in the treatment of the sick, under the advice of Dr. Hering and others (letting the "tares" still grow with the "wheat"), hoping by clinical experience to learn something definite and sure. Dr. A., prescribing a particular drug, witnessed, or fancied he witnessed, the removal of certain symptoms in the sick similar to those said to have been produced in healthy persons by this same drug, and immediately he proclaimed a cure, declaring those symptoms clinically verified. Dr. B. soon after reported the same symptoms verified in his practice; and after awhile Dr. C. did the same. The collector of *Guiding Symptoms* at first wrote down those mentioned by Dr. A. as "confirmed;" afterwards, seeing Dr. B.'s report,

* North American Journal of Homœopathy, vol. xxii, p. 214.

he put them "more frequently confirmed;" and when Dr. C. was heard from, he wrote them as "repeatedly confirmed or verified."

Now the chances were, as already shown, more than two to one, that the symptoms in question attributed to the drug were altogether spurious, and that the disappearance of the similar ones, when Drs. A., B., and C. prescribed, was not at all due to the drug employed, but to the ordinary or everyday influences of life.

There may have been sensations, or emotions, or thoughts, or appearances more or less common to all persons, at certain times, under certain circumstances; and their coming or going may have had no more practical meaning than the ever-changing figures of a kaleidoscope, or the fragments of vapor in cloudland on a summer evening.

Drs. A., B., and C. may have been ever so honest, but they could not discern the true from the false among the recorded drug-symptoms, nor render their clinical experiences of much value to others. They relied upon data, both in prescribing and in furnishing confirmed symptoms, more than two-thirds of which were not only worthless, but absolutely misleading and dangerous.

Dr. Hering has gone into the literature of homœopathy to gather up the published verifications of Drs. A., B., and C., and the ten large volumes of *Guiding Symptoms* are to furnish the results.

It is to be regretted that all signs are omitted going to show whether a given verification has come from Dr. A., or from Dr. B., or Dr. C. The recorded experiences of Dr. A. might command our confidence, while those of Drs. B. and C. would be considered worthless.

Looking into Raue's *Record*, where the clinical reports of a large number of physicians are gathered up, it will be noticed that they have come chiefly from persons of limited practice, hungering for business or for fame, and from fanatical geniuses, assuming to excel their fellows in an understanding of Hahnemann's *Organon* and in the application of the homœopathic law. Not a few whose cures and verifications have been heralded from mouth to mouth are known to be more largely endowed with dogmatic faith than liberal knowledge. They have generally been of those who consider the "dynamization of drugs," as more than an equivalent for uncertainty in drug-provings and impurity in drug preparations. Ambitious enthusiasts, they have been dealing out remedies with one hand

while holding a pen in the other, ready to apprise the world of most astounding results. Looking upon every mental cloud, every sensation, every shadow of a symptom disappearing from their patient as a *response to drug-influence*, they have not hesitated to claim a cure in every case of recovery and a rich harvest of "verifications" also.

And not only this—they have ventured most religiously to record as genuine drug-effects every new sensation, every fresh emotion, or thought, or look, occurring in their patient while being dosed with the very highest of high attenuations!

Considering now the sources of "symptoms produced" and of "symptoms cured," as brought together under the title *Guiding Symptoms*, we must declare our honest conviction that no amount of learning and no length of experience in medicine can enable Dr. Hering or any other man to assure us of their reliability and practical worth.

If Dr. Allen's *Encyclopædia* presents *confusion*, Dr. Hering's *Guiding Symptoms* gives us "*confusion worse confounded*."

Fortunately the oft-repeated and more striking effects of many remedies have become known so far as to enable us to determine, without a resort to such a wilderness of symptoms, when one or another is homœopathic to a condition of disease presented for treatment.

Thus homœopathy has been enabled in the combat with scarlet fever, Asiatic cholera, yellow fever, epidemic dysentery, pneumonia, and many other well-marked and dreaded affections, to achieve victories and win favor above all that ever has been or ever will be secured by the delusive guides gathered by Dr. Hering from a doubtful pathogenesis and a more doubtful clinical experience.

The time is coming when our drug-provings will be thoroughly made in ways and by means in keeping with those recognized in other departments of science. Then we shall be able to supplement our grand therapeutic law with a reliable *Materia Medica*. Then we shall have "Characteristics," or "Guiding Symptoms," worthy of the name; and then will be realized for homœopathy the bright anticipations indulged by the master, when he left for coming generations his law *similia* and the "healthy vital test."

The need of one to correct *errors of theory* in therapeutics was no greater in Hahnemann's day, than is the need of one to correct *errors of fact* in *Materia Medica* now.

In conclusion, while we look with wonder upon the perseverance and labor bestowed upon this work by the venerable author, and while, in common with all right-feeling members of the profession, we are ready to do him honor for the much of good which he has accomplished during a long lifetime, we are compelled to dissent from his general views and plans as wrought out in the volume before us, and to declare our belief, that this last and most stupendous effort in behalf of the art of healing will fail to prove of any great practical benefit to the profession.

Our sentiment in regard to this great undertaking has been well expressed by an old rhymester in the following lines:

“When people once are in the wrong,
Each line they add is much too long.
Who fastest walks, but walks astray,
Is only farthest from the way.”

J. P. D.

THE MEDICAL COUNSELLOR. The initial number of a new Chicago journal with this title, under the supervision of Dr. J. P. Mills, dashed into the medical arena April 1st. The cover is ornamented by characters as mystical as those of the Rosetta Stone, with a grandfatherly picture of Hahne-mann, Benjamin Franklin, or some other man, and the hackneyed motto *S. S. C.*

The new candidate for favor is a *similimum* of *The Homœopath*, and, as Dr. Mills was the editor of the latter before its euphemistic change of name, this new venture looks like an attempt at substitution instead of a new enterprise. We regret the Eastern migration, the Western discomfort, because they have produced another candidate for papers and patronage when there were plenty before. We think it would be much better for the profession were writers to concentrate their contributions and help to make a few journals readable and valuable, rather than to have the good articles commingled with stuff that ought to find the waste-basket.

The Medical Counsellor is a clean, pretty, orderly journal, with a fair amount of reading matter, and it promises to be a strong candidate for public favor. Our sympathies are with the editor, and we extend a hearty welcome to our new exchange for his sake.—ED.

LECTURES, CLINICAL AND DIDACTIC, ON THE DISEASES OF WOMEN. By R. LUDLAM, M.D., Professor of the Medical and Surgical Diseases of Women in the Hahnemann Medical College of Chicago; late President of the American Institute of Homœopathy, etc. Fourth Edition, revised and improved. Quarto, sheep, pp. 648, 1879. Published by Duncan Brothers, Chicago, Ill.

This is another book which, like Helmuth's *Surgery*, "maketh the heart glad." It will compare favorably with Hewitt, Barnes, Thomas, Cazeau, and others of the old school, and homœopaths may point to it with just pride as a standard work of our school. Two new chapters have been added to the carefully revised third edition, and the clean fresh print, broad margins, and neat soft binding make it a *new* book in many senses, and cover the publishers with honor.

We miss the usual anatomical prelude, and are glad, because anatomy can be found in many works, and if treated fully it would greatly increase the size and price of the book. We have enough of the science of medicine; what we want now is the approved art of therapeutics, to which Professor Ludlam makes here a valuable contribution. The subjects run on well enough, and the illustrative cases are worthy of close study. The treatment of the subject of that hydra-headed disease, hysteria, is masterly. The new chapters on Ovariectomy and Puerperal Endometritis are well-written, but rather too much condensed. We think a little different order of the subjects would be preferable; for instance, puerperal endometritis ought to precede ovariectomy, *the capital* operation in gynæcology.

The way to family practice is through the confidence of the ladies, and every young doctor ought to make himself master of this work, and then he will be certain to cure many cases and to gain that confidence.—ED.

THE AMERICAN JOURNAL OF ELECTROLOGY AND NEUROLOGY. A new journal with the above title will appear July 1st, and quarterly thereafter, under the editorial management of Dr. John Butler, of New York city, well known to the profession as the author of the excellent work on Electro-Therapeutics and Electro-Surgery.

It will be published by Messrs. Boericke & Tafel at the low price of \$2.00 per annum, and from what we know of their enterprise, and of the thorough education of the prospective editor, we feel satisfied it will prove valuable to us all.—ED.

Gleanings.

CALAMITY OF BOERICKE & TAFEL.—On Tuesday morning, 6th ult., they lost, in the disastrous conflagration in Philadelphia, almost their entire stock of books in sheets, involving a loss of over \$30,000, which was covered about half by insurance. Among the books destroyed was the entire stock of Helmuth's *Surgery*, Hale's *Sterility*, vols. ii and iv of Allen's *Encyclopædia*, and 1200 of vol. ix, just delivered to the bindery; also Hering's *Condensed*, Lillien-thal's *Therapeutics*, and many other works.

The firm immediately gave orders to reprint vol. ix of Allen, and as the printer purchased extra type, vol. x will go on all the same, so that the Repertory will not be delayed one week by the mishap, and they expect that the whole will be completed by the end of the year. Their expectations that vol. ix would complete Allen were disappointed. MSS. accumulated at such a rate that a tenth volume was unavoidable. The tenth volume will contain all addenda to remedies already published and collected up to date. By fall they propose to have replaced the bulk of stock, and as their pharmacies as well as their bound books are intact, no serious interruption to business will ensue.—COM.

BUFFALO, May, 1879.

AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.—The third annual meeting of this society will be held June 24th and 25th, at the Fort William Henry Hotel, Lake George.* The session will begin each day at 2.30 P.M. A large number of valuable papers have been promised and all interested in the study of diseases of the eye and ear are urgently invited to be present.

By order of the President.

F. PARK LEWIS,
Secretary.

A CALL TO ARMS.—*Dear Sir:* I would respectfully suggest that your College take steps to bring the question before Congress of non-sectarianism in the administration of the United States Medical Department of the Army and Navy. It is a disgraceful fact that in this free land of no State religion, a State clique of medicine should exist. The regulations of the United States Army Medical Department, signed "George W. McCrary, Secretary of War," and dated November 30th, 1878, state as follows:

"All candidates for appointment must be graduates of a *regular medical college*."

The term "regular college," herein used is a technical term, and is known to mean a college of the old or allopathic faith. Under its operation the graduate of one of our honored colleges, however well qualified, cannot be appointed in the military service of our common country. Does not this fact constitute an injurious discrimination on the part of the United States Government against our nine colleges, one of which is 31, one 29, one 20, two 19, one 6, and three 3 years of age, and two of which are State institutions?

But furthermore, the great *Index Medicus*, compiled by the Medical Department of the United States Army, intended to be a universal index of medical literature, comprising eight volumes, each as

large as *Webster's Unabridged Dictionary*, does not contain a reference to any homœopathic book, journal, or monograph. Yet Congress is now asked to publish 10,000 copies at an expense of \$200,000.

The Medical Department of the United States Army arrogates to itself the position of a national medical church, for the support of which the 8000 homœopathic practitioners and their 1,200,000 constituents in this country are obliged to pay, although rigidly excluded from any share in its benefits, or representation in its management.

Should not our school be more aggressive than it has of late years proven, and insisting on full equality before the law, fight, if necessary, for all its rights?

Will you not take measures to bring this matter before the faculty of your College, and any medical societies to which you belong?

Respectfully and fraternally,

SAMUEL POTTER, M.D.

BUREAU OF GENERAL SANITARY SCIENCE, CLIMATOLOGY, AND HYGIENE IN THE AMERICAN INSTITUTE OF HOMŒOPATHY. —The special subject for discussion at the June meeting, 1879, will be: "Drainage of Cities and Houses."

Several divisions of the subject have been assigned to members of the Bureau, and papers promised, from which synopses will be made and submitted as a basis for discussion by the Institute.

All the information that can be gleaned that is useful, new, and novel upon this topic, is desired by the bureau.

Should you know of any improved method of drainage, or should you have any ideas in advance of the old methods, will you be kind enough to communicate them to this Bureau at once, or at an early day, so that they may be made available and be submitted to the Institute at its forthcoming meeting.

BUSHROD W. JAMES, M.D.,

Chairman.

EIGHTEENTH AND GREEN STREETS, Philadelphia, Pa.

THE BUREAU OF MICROSCOPY, AMERICAN INSTITUTE OF HOMŒOPATHY will report on the question: "What does the Microscope say regarding our Homœopathic Triturations?" The preparations of Aurum met. are those to which the attention of the members seems to be principally directed. Preparations of Aurum precip. and Aurum fol. are compared; length of time occupied in grinding and the limit of divisibility are also being considered.

These various items of investigation bring up the important question of the possibility of demonstrating the presence of amorphous gold by the microscope alone. The quality of glasses used, plans of mounting the objects to be examined, methods of illumination and manipulation are pertinent and will receive attention.

Following are the names of the members of the Bureau: C. P. Alling, M.D., Chairman, Bradford, Pa.; A. Varona, M.D., New York; W. H. Winslow, M.D., Pittsburgh; S. A. Jones, M.D., Ann Arbor; A. S. Everett, M.D., St. Louis; Henry Bæthig, M.D., Buffalo.

Papers on other topics than the above are promised and shall be welcomed. The Bureau of Microscopy has the promise of a suitable place on the programme this year, and an evening session must also

be had to give an opportunity to demonstrate the statements contained in the report. From the numerous letters received from physicians of our school in different parts of the country, it is evident that an interest is being awakened among us, concerning the practical value of the instrument in medicine, somewhat commensurate with the merits of the subject.

C. P. ALLING, M.D.

BRADFORD, PA., April 15, 1879.

CHINESE MEDICINE AND SURGERY.—The larvæ of beetles and other insects are used medicinally to give strength to feeble children; dried toads are taken to give tone to the system; caterpillar syrup is a specific for bronchitis; and for small-pox, the skin of snakes and scorpions, dried and powdered, are considered efficient remedies. The horns of the rhinoceros, the bones of tigers, the paws of bears, and the wings of bats, all have a place in the Chinese pharmacopœia. The body of the bat eaten is said to prolong life; to partake of the white bat is believed to be to protract one's existence beyond that of the aged Methuselah.

A simple remedy, containing well-known ingredients, is nothing thought of by a patient, and the doctors seem to be quite of the same mind. Orange-peel, dried, is used in enormous quantities, and seems to be considered a real panacea. Ginseng ranks next in importance, and liquorice and rhubarb are highly esteemed in Chinese pharmacy.

The water in which the precious metals have been hastily boiled is a popular remedy for emergencies in a household, such as sudden faintness or slight illnesses. It seems to take the place of the brandy and camphor so frequently given in foreign households when a sudden exigency arises. The ornaments and pins of gold and silver, which adorn a Chinese lady's head, are often brought into requisition in preparing this medicinal drink.

The Chinese medical men are exceedingly given to the use of caustic medicines and plasters. The blossoms of a certain plant are sometimes placed on the skin and set fire to in order to blister the surface. In rheumatism of the joints, a thin slice of ginger-root is laid on the joint, and a piece of burning moss placed on the ginger to cause irritation of the skin. A trifling sore is frequently so doctored with these caustics that much of the tissue is destroyed, and the patient suffers long and seriously. The Chinese surgeon, although unskilled in the art of setting a broken leg, seems to be at no loss what to do in "setting the brain," as he styles the process. A Roman Catholic missionary having fallen from his horse and been taken up in a critical condition, a native doctor was summoned, who declared that the brain of the sufferer had been displaced by the fall and must be "set." Thereupon he tied a stout cloth about the head of the priest, giving the ends of the cloth into the hands of two men, who drew the bandage as tightly as possible, while the physician beat the patient's head with a stick. This operation, although giving the poor priest's head a violent shaking and causing severe pain, proved highly successful, in the surgeon's opinion, the brain having thereby at once regained its normal position. One of the priest's ribs having been dislocated by his fall, the doctor half suffocated the poor man by fastening a handkerchief, or something of the sort, over his mouth and nose, doing so with the expectation that the patient,

by dint of making violent and spasmodic struggles to get his breath, would cause the rib to spring of itself back into its place.—*Exc.*

TREATMENT OF PREGNANCY COMPLICATED WITH CANCEROUS DISEASE OF THE GENITAL CANAL, BY DR. HERMAN, OF LONDON, ENGLAND (*The Lancet*).—From an analysis of 180 cases, the author draws the following conclusions :

1. Whatever influence cancer of the uterus may have upon conception is adverse to its occurrence.
2. Cancer of the uterus tends to produce intra-uterine death and premature expulsion of the fœtus.
3. The growth of cancer of the uterus is, as a rule, accelerated during pregnancy.
4. With cancerous disease affecting the whole circumference of the os uteri, labor may be quick and easy, the patient recover well, and live months afterwards.
5. Where delivery results from natural efforts, there is fissuring of the cervix.
6. This fissuring does not augment the risk to the mother.
7. The imitation of this natural method by making incisions, neither increases the danger at the time nor accelerates the progress of the disease subsequently, and it often greatly facilitates delivery.
8. In cases in which the cancer forms a tumor of great size and hardness, delivery by natural efforts will not take place.
9. Where the above characteristics are absent, there are no definite criteria to foretell the behavior of the os during labor.
10. Where delivery of the child *per vias naturales* is impossible, there is little difference in risk to the mother between craniotomy and Cæsarean section.
11. A part of the cervix uteri may with safety be removed, either during pregnancy or during labor.

The author assumed that the life of the mother was the first consideration, and that the production of abortion was justified if maternal life could be saved or prolonged thereby.

The following are his rules of practice :

1. Where it is possible to remove the disease during pregnancy or at the time of labor, it ought to be done.
2. Where this cannot be done, the safety of the mother demands that the pregnancy be brought to an end as soon as possible.
3. When labor has actually come on, expansions of the os uteri should be aided by making numerous small incisions in its circumference.
4. Dilatation of the cervix being in progress, if uterine action should be deficient, and it should be necessary to accelerate labor, the use of the forceps is, as a rule, better than turning.
5. When dilatation of the cervix cannot take place, even after incisions have been made, either from rigidity or magnitude of the tumor, Cæsarean section should be performed.—*Ext.*

OZONE FROM FOUNTAINS.—Mr. Bimrey, of Manchester, England, says : "A water fountain may be regarded as a hydro-electric machine ; the friction of the water issuing through the jets developing electric action, materially assisted by the conversion of the spray into aqueous vapor."

I would suggest that this fact should be prominently brought before municipal bodies, to induce them to erect fountains in all available places in large cities, as sanitary agents. He contends that

the atmosphere of towns may be sensibly ozonized and improved in quality by their action.—*Exc.*

WAY PEOPLE DRINK LIQUORS.—Mr. A. drinks because his doctor has recommended him to take a little; B., because his doctor has ordered him not to, and he hates quackery; C. takes a drop because he is wet; D., because he is dry; E., because he feels something rising; F., because he feels a kind of sinking; G., because he's going to see a friend off to America; H., because he's got a friend home from Australia; I., because he's so hot in the evening; J., because he's so cold in the morning; K., because he's got a pain in the head; L., because he's got a pain in the foot; M., because he's got a pain in his side; N., because he's got a pain in his back; O., because he's got a pain in his chest; P., because he's got a pain all over him; Q., because he feels light and happy; R., because he feels heavy and miserable; S., because he's married; T., because he's single; U., because he's engaged; V., because he likes to see his friends around him; W., because he's got no friends, and enjoys a glass by himself; X., because his uncle left him a legacy; Y., because his aunt cut him off with a shilling; Mr. Z.,—we should be happy to inform our readers what his reasons are for drinking, but, on putting the question to him, he was unable to answer.—*Exc.*

EXPERIMENTS ON INFECTION AND IMMUNITY FROM VACCINE, BY DR. M. REYNAUD (*Le Progrès Medical*).—The development of the pustule after vaccination is not necessary to secure immunity. Immunity is effected after sub-epidermic inoculation, when the development of the vesicle is prevented artificially. Section of nerves leading to the region of the vaccine vesicle does not influence the development of the characteristic sign.

It appears highly improbable that blood is the means by which the vaccine virus generalizes itself through the economy at large.

The lymph appears to possess some virulence when employed in strong doses, and produced "horse-pox" after injection into the blood of a horse.

After normal vaccination, the lymphatic gland nearest the spot affected is invariably congested, and quite justifies the application of the term vaccinal bubo applied to it. This is indolent, and presents no inflammatory reaction. The juice of this gland will not produce vaccinia when inoculated, and the fluid beyond the gland is innocuous.

This circumstance seems to suggest that an elaborating function may be attributed to the lymphatic ganglia, expressing itself in the disappearance of virulence and the supervention of immunity, two facts which are simultaneous and correlative.—*Ext.*

HOSPITAL REFUSE IN PARIS.—In the French capital, the refuse which accumulates in the twenty-seven hospitals is disposed of by contract. There are about 235,000 kilograms (of 2.2 pounds each) of this annually. Bones figure in the enumeration for about 150,000 kilograms, white fats for 6000 kilograms, and brown for 25,000 kilograms. In addition, there are nearly 50,000 kilograms of crusts of bread, and innumerable quantities of fresh vegetable refuse. The whole brings in about 70,000 francs annually to the Office of Public Assistance. The persons to whom the stuff is adjudicated are usu-

ally (1) for fats, candle manufacturers; (2) for bones, manure or glue manufacturers; (3) for crusts and green vegetables, pig breeders. The contracts are made for six years.—*Exc.*

CONTAGION OF PHTHISIS.—Dr. Tappeiner, by atomizing diluted sputa from tuberculous patients in a room where he had put several dogs, caused true tubercular deposits in the lungs, liver, spleen, and kidneys. He also produced tuberculosis of the intestines, by feeding dogs fifteen grains of sputa mixed with the food daily. He concludes that phthisis is contagious, and thinks a man may have latent miliary tuberculosis of the lungs without symptoms, until a catarrh with foci of inflammation sets up phthisis.—*Ext.*

ST. BARTHOLOMEW'S HOSPITAL, London, consumed, during 1878, 700 gallons of cod-liver oil, 800 pounds of castor-oil, and 1200 pounds of Epsom salts.—*Exc.*

THE PHYSICIAN who reads several good journals is two or three years ahead of him who waits the tardier finish of books. Distrust the man who buys no new books, and takes but few journals; but cut his acquaintance entirely who is found with neither. He trifles with human life, and disgraces his profession.—*Exc.*

S. S. C.—When people are thoroughly tired, they can only become rested after they have retired.—*Exc.*

SOUTHPORT SANATORIUM FOR CHILDREN.—A new building has just been completed and formally opened by Lord and Lady Lindsay for this most worthy charity. A good deal of enthusiasm was manifested by the laity, and prospects of liberal contributions are good. Of course, it is under homeopathic management.—*Exc.*

DR. RUBINI, of Naples, now eighty years of age, the discoverer of the value of spirits of camphor in cholera and choleraic diarrhœa, is in danger of starvation. It is hoped the profession of England and the United States will contribute liberally. Dr. Bayes, of London, will act as treasurer.—*Ext.*

AORTIC VALVULITIS.—Dr. Fothergill thinks there is a premurmic stage in which there is an accentuation of the closure of the valves, caused by arterial tension. The most frequent causes of valvulitis are arterial tension from excessive muscular exertion, and an excess of albuminoids in the blood which cause arterial spasm and Bright's disease. By forbidding excessive exertion, and diminishing albuminous food to a minimum, the tendency to heart disease may be arrested. The accentuation, a sharp sort of click on closure of the aortic valves, is a diagnostic sign of danger.—*Ext.*

"A MAN is not to bite his hand, and then to blame his teeth for the hurt."—*Exc.*

THE LONDON "CHEMIST AND DRUGGIST" is an excellent journal, full of pharmaceutical lore, and it must be of great value to apothecaries.—*Ed.*

DR. JULIUS MILLINGEN, who attended Lord Byron in his last illness, has just died at Constantinople.—*Exc.*

SCARLATINA has been epidemic in Philadelphia during the winter.—*Exc.*

THE METRICAL SYSTEM of weights and measures are no longer lawful in Great Britain. It is lawful now to buy and sell only by Imperial measures.—*Exc.*

THE *Strongylus gigas* and the *Bothriocephalus latus*, the former, a worm sometimes found in the kidney, the latter, a tapeworm of the alimentary canal, have been traced to fish from which man derives them, when the fish is undercooked.—*Ext.*

GLYCOSURIA.—Dr. E. Zarzana reports two severe cases of saccharine diabetes in which *Nux vom. tr.*, in large and increasing doses, brought about a cure.—*Exc.*

VANDERBILT UNIVERSITY, Nashville, Tenn., has dismissed Dr. Winchell, because he believes in evolution.—*Exc.*

“WHERE the sun does not enter, the doctor does.”—*Exc.*

DR. ZWEIFEL does not cut the umbilical cord until after the delivery of the placenta. He says, 100 grams of blood are thus saved to the infant, which may be of vital consequence in some cases.—*Ext.*

TAPEWORM.—People eat underdone pork, and get *tænia solium*; they eat rare beef, and swallow an embryonic *tænia mediocanellata*. Prof. Joseph Leidy says, the latter is much more frequent now than the former. He has examined about five a year for five years past, and all were *tænia mediocanellata*. It is better to have beef well cooked.—*Ext.*

THE HOMŒOPATHIC NEWS.—A monthly epitome of the current homœopathic literature, ably edited by C. H. Goodman, M.D., and published by H. C. G. Luyties, of St. Louis, Mo., is a lively little *index rerum*, which all can afford, as the subscription price is only fifty cents a year. It aims to give abstracts of the papers of all the homœopathic journals, and furnishes many facts which one can read as he runs.

The three numbers received indicate that the editor is industrious and omniscient, for he says of our department of “Gleanings:” “The department of general news is as bright and sparkling as a flash from a pretty girl’s eye.” We’ll indorse that editor’s judgment in anything after this.—*Ed.*

TO COOK AN OLIVE TO PERFECTION.—Put an olive into a lark; put a lark into a quail; put a quail into a plover; put a plover into a partridge; put a partridge into a pheasant; put a pheasant into a turkey. First partially roast; then carefully stew until all is done to the olive. Throw away the turkey, the pheasant, the partridge, the plover, the quail, and the lark; then eat the olive.—*Exc.*

ABERNETHY once said to a rich but dirty patient, who consulted him about an eruption: “Let your servant bring you three or four pails of water, and put it in a wash-tub; take off your clothes, get into it, and rub yourself well with a rough towel, you’ll recover.” “This advice seems very much like telling me to wash myself,” said the patient. “Well,” said Abernethy, “it may be open to such a construction.”—*Exc.*

THE TELECASTOGRAPH.—This is an electrical machine by which the palate can be tickled and pleased by any flavor, and for any length of time, without fear of indigestion or inebriety. By putting fish, soup, or wine into a receptacle connected with a powerful battery, the taste of the daintiest viands can be conveyed along a telegraph wire for miles, and to an unlimited number of *bons-vivants*. They have only to put the wire in their mouths, and they seem to be eating and drinking. They may get drunk or surfeited, but the

moment the contact is broken the evil effects pass off, and nothing remains but a delightful exhilaration.

The inventor keeps the *modus operandi* of this palate-tickler a perfect secret, and wishes to perfect his discovery before he discloses it to the world.—*Ext.*

THE BRITISH HOMŒOPATHIC SOCIETY has recommended that Dr. Quin's portrait be hung in the board-room of the London Homœopathic Hospital, and that the doctor's friends be appealed to, to found a Quin ward in the institution.—*Ext.*

BAPTISIA IN THE OLD SCHOOL.—Dr. Johnson, in N. Y. State Med. Soc. meeting, at Albany recently, reported seven cases of typhoid fever treated with this medicine. He believed it beneficial in doses of the tincture, varying from one to three drops every hour or two. In reply to Dr. Squibb, he said, its physiological action had been studied thoroughly by the homœopaths, but he did not feel at liberty to introduce the results thus reported.—*Exc.*

ILLINOIS.—The total number of physicians in the State is 4950; of these 3646 are old school; 437 homœopathic; 456 eclectic; 37 physio-medical (?); 336 not stated; all others irregular, 38.—*Exc.*

IN the place of miracle, natural science has substituted law.—*Exc.*

WHITE RUBBER NIPPLES.—Two cases of poisoning of infants, one fatal, have occurred from the use of these nipples, which contain bisulphide of carbon, used to purify the rubber. It is much safer to use the black nipples in the artificial rearing of children.—*Ext.*

PHOSPHORUS is invariably changed into a hypophosphite of some base present in the stomach, before absorption takes place.—*Ext.*

BACTERIA WITH CARBUNCLE.—Dr. Jackman reports two cases of carbuncle in which he found bacteria in blood drawn from each patient.—*Exc.*

DIALYZED IRON is not an antidote to arsenious acid. We must rely upon the old hydrated sesquioxide of iron, made readily by adding aqua ammonia to the tincture of the chloride, or the solutions of the subsulphates of iron.—*Ed.*

IMPURE WATER TEST.—Put water in a clean glass-stoppered bottle, add a little pure cane sugar, and keep in a light warm room. If it becomes turbid, it is impure and unfit for drinking purposes.—*Ext.*

TYPHOID FEVER.—Two-thirds of patients sick with typhoid fever do better without than with alcoholic stimulation.—*PROF. ALONZO CLARK.*

OLD VIRGINIA.—“We want a few more good working homœopathic physicians in this State.” There is Lynchburg (17,000), Danville (12,000), Fredericksburg (5000), Charlottesville (5000), and Portsmouth (4000), without any homœopathic physicians.

The allopaths have tried twice to carry their “Medical Bill” through the Legislature, but have failed. The State is a good field for *fighters* and *workers*, “none other need apply.”—*A. R. B.*

QUERY.—Where is that typical editor that the St. Louis *Clinical Review* said, was approaching the node of Prof. Valentine's ecliptic?—*Ed.*

SAM HILL wants to know, if the editor believes that “babies

were the original discoverers of the milky way." We do, because babies came before astronomy, and all astronomers were once babies.—ED.

LIFE is short, art long, opportunity fleeting, experiment slippery, judgment difficult.—HIPPOCRATES.

AUREOLUS is a new English hair dye. It produces one of the most beautiful and fashionable tints. Hair of any color is changed by it to tints varying from the richest auburn to the most brilliant golden or sunny hue.—*Ext.*

PERFUMED VALENTINES are the latest inventions of the Rimmel's to capture women's hearts. For one shilling you can have "Moonlight Scenes" and "Lovers' Caresses;" for a sixpence a "Wedding March."—ED.

THE "RICHMOND GEM MIXTURE," a smoking tobacco prepared by J. F. Allen & Co., Richmond, Va., is all the rage in London, where most gentlemen smoke pipes. "It should only be smoked indoors, it is far too good to be wasted on the desert air." This ought to make the eagle scream.—ED.

ZOLDONE.—"A non-alcoholic, aerated, and phosphated iron beverage. Brain and nerve tonic, and nutrient tonic beverage. It is not a medicine (sic), but a beverage for daily use." Ain't we glad we don't drink.—ED.

THE PATENT PILE BUSINESS. —Dr. Thompson, a pile persuader from Newport, Ky., operated upon Mr. Peckover, of Cincinnati, by injecting three or four hæmorrhoidal tumors with his "peculiar fluid." In a short time the patient took a chill, and died on the fifth day of phlegmonous erysipelas of the perineum, of the scrotum, right testicle, and right thigh.—*Exc.*

PROF. J. M. KERSHAW, in his valedictory before the graduating class of '79 of the Missouri Homœopathic Medical College, says, *inter alia*, "It is the purpose of not a few young men to fall in with some kind, benevolent old physician with too much practice, who will generously take them in and do for them. I wish to tell you, just here, that these tender-hearted, kind old gentlemen are all dead. The milk of human kindness does not boil over in that way nowadays, and doctors with too much practice do not live in this part of the country."—*Exc.*

REPORT OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.—In the absence of *Proceedings* it is refreshing to know that an acute observer, a woman too, has dished up the Put-in-Bay meeting in an admirable manner. We allude to Dr. Abigail C. Green's correspondence in the *Cincinnati Medical Advance* for March.

It is very evident that "the narrow, pale blue or gray ribbon of winter sky that lies stretched along the tops of the high straight black walls of giant trees that stand immovable, relentless as fate on either side of the lonely roads I travel," have not contracted her mental horoscope.

She goes at the manners and matters of our late meeting with the pertinacious gnawing of an imprisoned rodent, and we recognize the justice of her inchoate incisive analysis deeper than the epiderm. Who else is troubled at the retrospect?—ED.

PITURI, prepared from an Australian plant, named *Duboisia hopwoodii*, is said to be slightly narcotic and closely allied to Atropia.

It first salivates, then dries the secretion and dilates the pupil. Its more prominent effects resemble Gelseminum and Jaborandi.—*Ecc.*

EARLY CHILDBEARING.—A girl in London was delivered, at the age of twelve years and one month, of a full-grown child, which still lives. Rather premature for a temperate climate.—*Ecc.*

CHLOROFORM.—It is said that deaths from the inhalation of this anæsthetic are almost always due to its impurity.—*Ecc.*

OLD-SCHOOL COLLEGE CONVENTION.—Delegates from the leading institutions met at Atlanta, Ga., May 2d, to endeavor to agree upon the requirement of a preliminary examination, and a full three years' course of medical study and attendance upon lectures before graduation. The requirements in some of our homœopathic colleges are more severe than in any of the old schools, except in Harvard and the University of Pennsylvania.—*Ecc.*

CAUSE OF DIPHTHERIA.—So far this season milk, potatoes, apples, and petroleum have been charged with producing the dreaded disease. We think the A. P. H. Ass. ought to be set to work looking after diphtheria germs, its conclusions upon yellow fever were so very original and scientific.—*Ed.*

THE ILLINOIS MEDICAL ACT has had the effect of driving out of the State a large number of scoundrels who call themselves doctors, and they have pounced, like the "wolf on the fold," upon neighboring States, where the people have not yet reached that degree of intelligence that leads others to protect themselves from human vultures.—*Ed.*

CATAWBA.—

"Very good in its way
Is the Verzenay,
Or the Sillery, soft and creamy :
But Catawba wine
Has a taste more divine ;
More dulcet, delicious and dreamy."—*Ecc.*

ONEIDA COMMUNITY.—Dr. T. R. Noyes reports that within the last eight years there have been no deaths amongst the children, who number fifty-seven—seven of these being adopted from outside. At four years of age they are all put in the children's department, and have plenty of air, sunshine, and fun.—*Ecc.*

AT A REGULAR MEETING of the Allegheny County Homœopathic Medical Society, held December 13, 1878, the following physicians were elected to serve as officers for the ensuing year : President, Dr. J. S. Rankin ; Vice-President, Dr. C. P. Seip ; Secretary, Dr. T. M. Strong ; Treasurer, Dr. C. F. Bingham.

The society is in a flourishing condition, and valuable papers are read monthly. After the essay of the evening is read there is a discussion of diseases of the month and their treatment, which is exceedingly interesting and of great practical value.

DR. T. M. STRONG,
Secretary.

WE think a better name for the lipothymous journal conceived across the water and deriving its pap from the United States, would be the *Anglo-American Hand Organ (on)*.—*Ed.*

DR. FRANK EASTMAN, of Atlanta, Ga., one of the most promising alumni of the Hahnemann Medical College of Philadelphia,

was married, the 22d of April, to Miss Ella Angier, daughter of Dr. W. L. Angier, late mayor of Atlanta, at St. Philip's Episcopal Church. Dr. Eastman has already gained the esteem of the public and the respect of the profession, and we wish him and his lovely bride all the success and happiness to be found in the world.—ED.

THE *Homœopath* gave our vanity a neat little nudge in April, for which we return "the compliments of the season, or any other agreeable thing." It is evident that sea breezes have sharpened up the editorial corps of this popular journal, as it is gaining subscribers and friends everywhere.—ED.

DR. A. DUPAQUIER, of New Orleans, died a martyr to his professional labors last month. He was a thoroughly educated courtly gentleman of high standing in our school, and he wore himself out by persistent attendance upon those afflicted by the terrible epidemic of last summer. If such men don't have a pleasant place hereafter there's little justice up aloft.—ED.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK were "resoluting" again at their recent meeting. When they get all the different opinions in our school reduced to an apothegm we should like to be informed. Thus far they have injured the cause of homœopathy by precipitate action more than all the fusilades of our traditional enemy.—ED.

DR. JACKMAN, of Staunton, Va., we are sorry to say, died in April. This leaves no homœopathic physician in this promising city. Virginia offers excellent practice for our kind.—ED.

THE *Homœopathic Times*, of New York, for the month of April, comes to us enlarged, improved, and beautified. It is filled with excellent articles and is well worth the subscription price.—ED.

THE *Cincinnati Medical Advance* takes a rest from April to July. Is it going into a quarterly issue?—ED.

AT A REGULAR MEETING of the Milwaukee Academy of Medicine, held April 1st, 1879, the following resolution was unanimously adopted: "Upon application by any professor in a medical college, or any other public advocate of the high potencies, the Academy will prepare and furnish the 30th Hahnemannian dilution of *any remedy in common use*, for the purpose, and in accordance with the terms of the test, heretofore published in the pamphlet entitled *A Test of the 30th Dilution*."

A. SCHLEMLICH, M.D.,
Secretary.

GEORGE B. WOOD, A.M., M.D., LL.D., etc., a distinguished medical teacher and author, who has long been weighed down by honors and physical infirmities, died at his home in Philadelphia, March 31st. His name and fame are indissolubly linked with the progress and history of medicine in America.—ED.

MILLERSBURG, Dauphin Co., Pa., offers a good opening for a homœopathic physician. Population about 1800; good surrounding country, and none of our school there.—Com.

DR. ALFRED C. POPE, one of the distinguished editors of the *Monthly Homœopathic Review*, London, is to arrive in the United States soon, and intends to be present at the meeting of the Institute. He will find a warm welcome everywhere.—ED.

THE HAHNEMANN MEDICAL COLLEGE of Chicago has been cited before the Illinois State Board of Health for irregularity in issuing diplomas. The evidence looks damaging; judgment not yet rendered. We will show up Chicago affairs as soon as we can get the particulars.—ED.

SACRAMENTO HOLDS THE BANNER.—The homœopathic physicians in Sacramento hold all the medical offices in the city and county dispensaries, prisons, hospitals, and the board of health. Hurrah! for the star of empire has arrived.—ED.

OBITUARY OF W. H. COOKE, M.D.—Entered into rest at Carlisle, Pa., on March 21st, 1879, Dr. William H. Cooke, aged 50 years.

Dr. Cooke was born at York Springs, Pa., where, and at an academy in Chester County, under the patronage of the Society of Friends, he received his preliminary education. He read medicine under the direction of Dr. J. H. Marsden, and graduated at the Jefferson Medical College of Philadelphia. He married the daughter, the only surviving child of his preceptor, and shortly after commenced the practice of his profession at Carlisle, one of the most beautiful and intelligent inland towns of Pennsylvania, where he remained till the time of his death. His practice soon became extensive, not only within the limits of the town, but largely extended through that wealthy and fertile region known as the Cumberland Valley.

His ardent devotion to his profession, while it secured to him remarkable success and an almost unbounded confidence on the part of his intelligent clientage, rapidly impaired and finally broke down a constitution naturally feeble. For several years previous to his death, although he scarcely remitted his labors, his sufferings were those of a martyr, till near the close of life, when compelled by feebleness he desisted, and calmly resigned himself to the will of Him whose "ways are past finding out." His last end was truly one of peace.

Dr. Cooke, shortly after his settlement at Carlisle, united himself with the Episcopal church of that place, of which he remained a consistent, zealous, and for most of the time an official member during the remainder of his life. The following is one of the resolutions adopted by the corporation of that church, embodying some of the most distinguished citizens of the place, and published in the local papers and *Churchman* of New York:

"Resolved That the rector, wardens, and vestrymen of St. John's Church hereby place on record an expression of their affection and respect for their friend and associate, William H. Cooke, M.D., who entered into rest on the 21st inst. During the many years in which Dr. Cooke has been a communicant and vestryman, he has shown his love for the church, and his readiness to give labor, and prayers, and pecuniary aid to further the welfare of this parish, while all has been done in a quiet unobtrusive way, from a loving, gentle heart. We realize that a good man has gone from among us, whose presence will be greatly missed. His memory will be cherished and his example be commended for imitation. We will attend his funeral this day in a body."

THE HAHNEMANNIAN MONTHLY.

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Philadelphia, July, 1879.

No. 7.

Original Department.

THE POTENCY QUESTION.

BY LEWIS SHERMAN, A.M., M.D.,
MILWAUKEE, WIS.

A TABLE showing the diameters of spherical masses necessary to contain one drop, one-tenth of an inch in diameter, of medicinal substance, raised to the different degrees of Hahnemann's scale of potentization :

Potency.	Diameter.	
0.....	1	inches.
1.....	.46416	"
2.....	.21544	"
3.....	.10	"
4.....	.3868	feet.
5.....	.1787	"
6.....	.83 $\frac{1}{2}$	"
7.....	.8868	"
8.....	.1787	"
9.....	.8333 $\frac{1}{3}$	"
10.....	.743	miles.
11.....	.34	"
12.....	.1578 $\frac{2}{9}$	"
13.....	.732	"
14.....	.3400	"
15.....	.15,7828 $\frac{2}{9}$	"
16.....	.73,260	"
17.....	.340,000	"
18.....	.1,578,2828 $\frac{2}{9}$	"
19.....	.7,326,000	"
20.....	.34,000,000	"
21.....	.157,828,2828 $\frac{2}{9}$	"
22.....	.732,000,000	"
23.....	.3,400,000,000	"
24.....	.15,782,828,2828 $\frac{2}{9}$	"
25.....	.73,260,000,000	"
26.....	.340,000,000,000	"
27.....	.1,578,282,828,2828 $\frac{2}{9}$	"
28.....	.7,326,000,000,000	"
29.....	.34,000,000,000,000	"
30.....	.157,828,282,828,2828 $\frac{2}{9}$	"

These magnitudes may be better appreciated by comparing them with the magnitudes of familiar physical objects.

(0.) The *crude* medicinal substance may be represented by a number three homœopathic pellet.

(1.) The *first* dilution would occupy a space as large as an acorn.

(2.) The *second* would be represented by an orange.

(3.) The *third*, by a pumpkin.

(4.) The *fourth*, a hogshead.

(5.) The *fifth*, an *apartment* in a house.

(6.) The *sixth*, the interior of a church.

(7.) The *seventh*, an Egyptian pyramid.

(8.) The *eighth*, eight times the capacity of the great Croton reservoir.

(9.) The *ninth*, eight hundred times the capacity of the great Croton reservoir.

(10.) The *tenth*, the water in Seneca Lake.

(11.) The *eleventh*, the water in all the five Great Lakes.

(12.) The *twelfth*, the water in the Mediterranean Sea.

(13.) The *thirteenth*, the water in the Pacific Ocean.

(14.) The *fourteenth*, forty times the whole quantity of water on the earth.

(15.) The *fifteenth*, a body of liquid eight times as large as the whole earth.

(16.) The *sixteenth*, a body of liquid eight hundred times as large as the whole earth.

(17.) The *seventeenth*, a body of liquid eighty thousand times as large as the whole earth.

(18.) The *eighteenth*, a body of liquid six and three-tenths times as large as the sun.

(19.) The *nineteenth*, a body of liquid six hundred and thirty times as large as the sun.

(20.) The *twentieth*, a body of liquid sixty-three thousand times as large as the sun.

(21.) The *twenty-first*, a body of liquid eleven times as large as the sun would be if it were swollen up so as to include the orbit of Mercury.

(22.) The *twenty-second*, a body of liquid sixty times as large as the sun would be if it were swollen up so as to occupy the orbit of the earth.

(23.) The *twenty-third*, a body of liquid sixty thousand times as large as this imaginary sphere encircled by the earth in its orbit around the sun.

(24.) The *twenty-fourth*, a body of liquid twenty-three times

as large as the imaginary sphere encircled by the orbit of Neptune.

(25.) The *twenty-fifth*, a body of liquid two thousand three hundred times as large as the whole of planetary space.

(26.) The *twenty-sixth*, a body of liquid two hundred and thirty thousand times as large as the entire space included in the solar system.

(27.) The *twenty-seventh*, a body of liquid twenty-three million times as large as the entire space included in the solar system.

(28.) The *twenty-eighth*, a body of liquid two thousand three hundred million times as large as the entire space included in the solar system.

(29.) The *twenty-ninth*, a body of liquid four and one-half times as large as a sphere whose diameter would extend from the earth to *Alpha Centauri*, the nearest fixed star.

(30.) The *thirtieth*, the quantity of liquid which could be contained in fifty-six spheres, each as large as the one which would be formed by taking *Alpha Centauri* as a centre, and the remotest part of the solar system as a point on the surface.

It would take the earth, moving at the rate of a thousand miles a minute, a period of *two hundred and thirty thousand years* to traverse the circumference of *one* of these spheres.

The exact diameter of a sphere of liquid large enough to contain one drop, one-tenth of an inch in diameter, raised to the thirtieth centesimal dilution, is 157,828,282,828,282 miles, 2790 feet, $3\frac{2}{3}$ inches. The number of cubic miles in such a sphere is 2,058,510,642,141,870,000,000,000,000,000,000,000,000,000.

The diameter of this sphere is more than seven and three-fourths times the distance of the nearest fixed star. A ray of light, traveling constantly day and night, at the inconceivable velocity of 186,500 miles in a second, or 5,885,492,400,000 miles in a year, would require twenty-six years, nine months, and twenty-three days to traverse the diameter of this vast sphere.

This question will occur to many: "How then is it possible to prepare the thirtieth dilution with only a few ounces of alcohol?" The explanation of the mystery is, that not all of the original quantity of the medicinal substance is diluted by Hahnemann's process. Only one drop of the first dilution, containing one-one-hundredth of a drop of the original substance, is used in preparing the second dilution; only one drop of the second dilution, containing one-ten-thousandth of a drop

of the original, is used in preparing the third; only one drop of the third, containing one-one-millionth of a drop of the original substance, is used in preparing the fourth, and so on. Nevertheless, by this ingenious device, the same degree of tenuity or scarcity of the medicinal substance is produced as would be produced if the entire original drop were diluted in the vast quantity of liquid symbolized by the figures at the end of the above table.

If, as the most eminent physicists estimate, there are about 19,000,000,000,000,000 molecules in a cubic centimeter of gas under ordinary conditions of temperature and pressure, we may reckon that there will be, on an average, about 50,000,000,000,000,000 molecules in a spherical body of liquid one-tenth of an inch in diameter. There would be then *one molecule* of the medicinal substance in every 41,170,212,842,837,400,000,000 cubic miles of the thirtieth dilution, provided that the whole mass had been *thoroughly shaken*. There would only be one chance in 8,000,000,000,000,000,000,000,000,000,000,000,000,000,000 that a medicated pellet of this dilution could contain a molecule of the drug.

These calculations are not presented for the purpose of proving that the thirtieth dilution is medicinally inert. All that is intended here is to show that there is a sort of *a priori* improbability that there is in these dilutions any medicinal power peculiar to the drugs after which they are named.

It is held by advocates of the dynamization theory that the *presence* of a drug is not necessary to the production of its peculiar effects in the human body, although this presence is necessary to the production of any effect outside of the body. The properties of the medicinal substance are supposed to be imparted by contact to the sugar of milk, the water, the alcohol, and the cane-sugar with which it is mixed. This milk-sugar, this water, this alcohol, and this cane-sugar are supposed to be capable of imparting the aforesaid properties (without themselves losing them) to other milk-sugar, water, alcohol, and cane-sugar, and so on to an indefinite degree. A single molecule of a drug can thus impart the properties of that drug to millions of millions of cubic miles of these indifferent substances. We are told that a given quantity of a "dynamized" indifferent substance (alcohol, for instance), though containing no part or portion of the substance whose name it bears, will produce in the human body the effects of that substance more certainly and more powerfully than the same quantity of the drug itself.

This is said to be a "fact" repeatedly observed. The *veracity* of the observers is not impeached by the statement that the cure of a disease is not a subject of direct observation. The *veracity* of the witnesses is not impeached by the affirmation that no disease was ever produced or cured by the thirtieth dilution of any drug. The witness tells what he hears, sees, feels, tastes, or smells; it is the province of the judge or the jury to decide the question according to the preponderance of evidence.

In this case the evidence does not satisfy the jury that the thirtieth dilutions represent the qualities and powers of the drugs after which they are named.

An experiment has been proposed and instituted which, with the co-operation of the believers in the efficacy of the thirtieth dilution, will furnish the evidence necessary to decide the question.*

The boasting claimants begin to make excuses. They dare not undertake the experiment for fear of failure and disgrace. There are a few noble men among the believers in the efficacy of the thirtieth dilutions. They will carry out the experiment. Whatever may be the result of the test, there can be no doubt in regard to the verdict of the world on the character of the men who claim to believe in the high potencies.

If it can be proven that a particle of alcohol, sugar, or water, which has once been near a particle of some substance *intended to be potentized*, but which does not contain any portion of that substance, is capable of imparting to forty-one sextillions of cubic miles of alcohol, sugar, or water, all of the properties of the original drug which can influence the human body without imparting any of the properties known to the most expert physicists, I shall hail the discovery with delight, but I must have better evidence than that which substantiates the therapeutic value of Ayer's Cherry Pectoral, or Kennedy's Medical Discovery.

MUNCHAUSEN MICROSCOPY.

COMMENTS ON THE WORK OF A MICROCRITH.†

BY SAMUEL POTTER, M.D.,
MILWAUKEE, WIS.

THE homœopathic colleges are again fighting over the question of the infinite divisibility of matter and its applications

* A Test of the Efficacy of the Thirtieth Dilutions, published by the Milwaukee Academy of Medicine. See March, 1879, number of HAHNE-MANNIAN.

† For the benefit of non-microscopical readers it may be mentioned that a microcrith, unmetaphorically, is a *very light weight*.

as a potentizer of drugs, though the accumulated knowledge of the centuries since Anaxagoras has consigned the first to the limbo of mysticism, and the scientific thought of to-day has left the second to the possession of infinitesimal minds. From Cleveland and Boston we hear contending cries, snappish snarlings over the rotten bones; one voice exclaiming from the lake-shore sedge, "You shall not conquer *me*;" the other replying from the Atlantic, "Nor assuredly shall you *me*;" while from an inland pond comes the Bacchanal *demi-falsetto*,

"**Koax, koax**, *never* shall you conquer *me*; for I will screech

Brekekekex, koax, koax, even all the day, 'till *I* overcome your
koax."*

And-forthwith the Picric-Pathological-Pepper-box exhales from the Michigan marsh, and its professor astonishes the profession with another new discovery, "**Brekekekex, koax, koax.**"

This Jonesonian movement (of a particle of gold) is an advance upon its predecessor, the Brunonian. Evidently that metal does not like the erratic, trembling motion of the latter, so it tilts like a crinoline, turning "over and over until it" catches "against something," when it remains a "permanent, glittering spark;" but not before it has changed place "in an ascending straight line the while;" mark, ye symptomatologists, not a crooked line, but an ascending straight one. This is the keynote symptom. When we recognize it we shall be sure that the movement is Jonesonian, not Brunonian; for the characteristic feature of the former movement is, that though seemingly erratic, in the estimation of the possessor it is always in *ascending straight lines*. Another marked feature is its temporary duration, only lasting long enough to be seen by a professor and his assistant. The remedy which has been most strongly verified by clinical experience in this condition is Picric acid (Dunham's 200th).

A feature of Professor Samuel A. Jones' discovery, more difficult to understand however, is the transmutation of a particle of gold into a "spark." He says "it remained a spark," and again, "my spark was a particle of gold." In their wildest dreams the alchemists had no such lofty conception of the transmutation of metals as this. What a novelty in physics! What a discovery for the Michigan University to plume herself upon!

* Aristophanes, *Frogs*, line 268 et seq.

The professor does not say how the particle was recognized, so we cannot tell "for sure," as the old lady says, whether he saw it or not. If it was recognized as gold because "it remained a spark," the reason is utterly worthless. Diamonds sparkle, so does fractured glass, so might a particle of brass, which might perhaps fall upon the stage from the impending brazen mass above. He and his readers must remember that "all is not gold that glitters."

A charitable mind will, of course, grant that he thought he saw a particle of gold, as also that his assistant did, to whom he refers. It is so convenient to have a reference. But, then, we remember that a man once saw an elephant in the moon, or thought he did, it turning out to be a mouse in his telescope. Last year this same discoverer "saw," or thought he did, a blood-corpuscle undergoing the pains of fatty degeneration from Picric acid.* Then, as now, he referred to his assistant, who was even so obliging as to furnish the blood. From the tenor of their last article it would seem that *the assistant*, at least, has not followed the example of his blood-corpuscle, and undergone fatty degeneration.

But if he saw a particle of gold in the 9^{th} trit., as he says he did, is he not a traitor to his newly-espoused bride, a foe to the *soi-disant* "pure homœopathy," to publish such a damning fact? In so doing, to use his own language, he has dared to "arraign the clinical testimony of nearly a century; to unsettle the belief of thousands; to throw doubts upon the ablest of (his) predecessors and of (his) contemporaries," in declaring that a particle of gold, which, according to Hahnemann, Hering, Lippe, Swan, Skinner, *et hoc genus omne*, should be not greater than the $\frac{1}{100000000000000000000}$ of an inch in diameter, has a diameter actually as large as the $\frac{1}{634000}$ of an inch? Will Hering write him that this result is "a masterpiece?"

If lines the $\frac{1}{200}$ of an inch apart are the nearest *definable* by the naked human eye with the best illumination,† and an object the $\frac{1}{1125}$ of an inch in diameter is barely *visible* by the same illumination to the unaided eye,‡ the smallest visible object under the microscope would have a diameter similarly proportional ($\frac{200}{1125}$) to that of the smallest object which that instrument can define. The latter, so far, being the $\frac{1}{112700}$ of

* See Homœopathic Times for 1878, pages 2, 72, 94, 101.

† John Phin, Editor of the American Journal of Microscopy, in How to Use the Microscope, 2d edition, New York, 1877, page 73.

‡ Prof. Smith on Ehrenberg's Limit of Visibility, in May issue of this journal.

Had not he and his microscope better quit Ann Arbor for more remunerative employment? The National Board of Health will guarantee them more than a professor's salary at hunting down yellow-fever germs; while the authorities of the Army Medical Museum in Washington would undoubtedly put them both on a marble pedestal under a glass case, if they should happen, as is most likely, to succumb to the complication of Hering-flattery and fatty degeneration of blood and silex in their efforts for scientific renown. "The $\frac{1}{1000000000000000000}$ of an inch to date." Great shade of Hahnemann! crane your neck over the high arch of heaven, and behold what potentization under Hering's smile will do! If Professor Jones, his microscope, and his patron survive, what number of ciphers must be added twenty years hence to get at their limit of visibility!!

Again, Professor Jones quotes Ehrenberg, that a particle of gold measuring $\frac{1}{1125}$ of an inch is visible to the naked eye in common daylight, and bases his criticisms on Professor Wesselhøft's observations and conclusions on this statement, which, forgetting his Latin, he puts in the plural, and calls "*data*;" a term, however, no more awkward or incorrect than those in which he avows his ignorance of English: "these *be* plain questions."—"Let $\times \times I$ be levelheaded."

This is no less ungenerous and deceptive, to use no harsher words, than his equally delusive and incorrect statement concerning the accepted size of the atom.* Professor Jones knows, if he knows anything, that no human naked eye ever saw, to define it, an object having a diameter of the $\frac{1}{1125}$ of an inch.† Any one may test this for himself. Mr. John Phin‡ says: "With the best illumination the human eye can just clearly distinguish lines which are the $\frac{1}{200}$ of an inch apart." Yet Ehrenberg says that a line is easier seen than a dot.§ Professor Jones confounds visibility with definability, taking the *smallest* dimension he can find, without regard to the sense in which it is used; but for the atom he uses the *largest* diameter attainable, because these extremes will best serve his purpose; and he builds upon them a criticism attacking the reputation of a colleague. Such a course might be ascribed to his super-

* *Vide* paper entitled Molecular Magnitudes, by the author in the May issue of this journal.

† Professor Jones does not use the word "*diameter*," but "*size*." It is presumed that he meant the former, for he is evidently ignorant of the proper use of the latter term; which, in physics, when unqualified, always means superficies or *volume*.

‡ *Op. cit.*, p. 73.

§ Professor Smith, in May HAHNEMANNIAN.

ficial knowledge (he never consults encyclopædias and, terms those who do "callow fledglings"*), if the use he makes of the deceptive dimensions were not wholly to his own advantage. It must rather be ascribed to the abnormal development of his spleen, or his jealousy of the fame of his Boston colleague. He challenges Professor Wesselhœft's "competency for such a microscopic examination." Will not any one who sees his one-sided misrepresentations in the above instances equally challenge his competency in respect of the following qualifications laid down by Frey as essential to a microscopist:

"Acute mental organs, calmness, love of truth, and talent for combination. . . . He who has not these, . . . the impartiality of whose observations are constantly disturbed by a *lively, excited imagination*, should keep away from the microscope as well as from the practice of medicine."†

The Ann Arbor microscopy is truly unique. Evolved, like Jenichen's high potencies, in the atmosphere of a stable,‡ one might expect to see in its features a trace of some horse-sense, or even the reflection of the intellectuality of a more ignoble though more patient animal. But the only lineaments it reflects are those of the Cloaca, where the professor evidently spends considerable time.§ Smeared all over with filth, and the most exalted self-conceit, its only aim is the defeat of all those who are skeptical on the infallibility of its author, by the use of gross vituperation and the coarsest witticism. Should such a one question the conclusions or statements of this self-styled 'expert,' his armor is carefully sounded for the slightest flaw, and if one is found the Michigan microwasp|| immediately drives in his sting, careless of professional courtesy, and reckless of truth and honesty. One may easily imagine how he and the never-failing maid of all work, the assistant, hornetlike pounce upon each stray wanderer into their broad fields of research. Well might Wesselhœft, Hale, Allen, Couch, and Franklin exclaim with Job, in their bitterness of heart, of these tormentors: "Among the bushes they brayed; under the nettles they were gathered together."

Professor Jones evidently does not like Thomson with a *p*. Since the collapse of his Picric-Acid-Fatty-Degeneration-of-

* See his last Open Letter in the June HAHNEMANNIAN.

† Frey, *On the Microscope*, 4th edition, New York, p. 96.

‡ The laboratory of the Homœopathic Dept. University of Michigan is in a stable adjoining the "Saints' Rest" of Professor Jones.

§ See his last Open Letter.

|| Professor Jones cannot object to this appellation, as he lately assumed the figure of a wasp as his crest, which he flaunts on his cards and letter paper.

Blood-Discovery, he has never liked any word in which the letter *p* is prominent. It stirs up memories which are best buried for him. But "Thompson with a *p*" smells just as sweet as without one to Cooke, Sherman, Mott, Curtis, and many other writers, who quote the name. In his attempt to slip out of the corner on atomic magnitudes, making such a point as the above, while ignoring what we must for sweet charity's sake suppose to have been a mistake (!) of at least fifty sizes of an atom, he makes the best living illustration of one of those Pharisees, "blind guides, who" strained "at a gnat," but swallowed "a camel."

If any one will take the trouble to wade through the April effusion of this pseudo-microscopist, he will find that all the professor accomplishes is the airing of his own self-conceit and ignorance. He speaks of *diameter* as "*size*;" confounds the *visibility* of an object with its *definability*; uses the term *atom* for *molecule*, and the maximum size of the latter, as the "accepted size" of the former; speaks of a single statement as "*data*," instead of *datum*; says of questions, "*these be plain*;" showing himself to be only a pretender in chemistry, physics, and microscopy, as well as incapable of using the Latin or the English languages correctly; and finally, in his latest emanation, he proves himself utterly ignorant of the most ordinary arithmetical operations,* sneers at the authority of such a man as J. Clerk Maxwell, D.C.L., F.R.S.,† whose words Professor Jones terms "encyclopædic filterings," and winds up by repudiating the atomic theory and dribbling about the "perception by consciousness" of the "30th mode of motion of Arsenic." Were he, instead of Paul, arraigned before Festus, the Roman governor would have said, "Jones, thou art beside thyself, much *ignorance* hath made thee mad."

Near the close of his first letter on this subject Professor Jones asks, "Now why may not a homœopathic therapist, as well as an old-school physiologist, apply the 'physiological test' to determine the presence of a quantity too minute for chemical tests?" and prefixes this query with the statement that he feels that "the human body alone in health and in disease can determine the potency question." He assumes that the potency question is undetermined, for which Hering will not thank him,

* For example, the subtraction of fractions. *Vide* his extraordinary difference of 16153 between $\frac{1}{300000}$ and $\frac{1}{46153}$ in his last Open Letter. A ten-year old "fledgeling" would express the *difference* between these fractions by $\frac{16153}{1384200000}$, or the *ratio* between them as nearly $\frac{2}{3}$.

† Professor of Experimental Physics, University of Edinburgh, Author of the article Atom, in the 9th edition of the Encyclopædia Britannica.

and asks the same question which the Milwaukee Academy of Medicine propounded to him when inviting him to join in the "Test of the efficacy of the 30th dilution." I will permit Professor Jones to answer for himself, and show to his own and the profession's eyes how consistent he can be within a space of less than three months. I quote from his reply to the Milwaukee circular: "*I have no need of such a test as you propose. . . I have no time to spend in or on superfluous work.*" Were he asked to examine triturations of gold numbered to correspond with sealed envelopes, in each of which was deposited a description of the trituration it belonged to, we may infer from analogy that he would make the same reply as he did to the test of phials numbered but not named. He would "have no time" to spare from the study of the dictionary of slang; from unloading his dirty diatribes, his deceptive, diaphanous, delusive flatulency of filthy invective.

If, in this criticism of what I can only term the Munchausen microscopy of the Michigan microcrith, I have seemed to depart from the *suaviter in modo* which "Senex" inculcates, my excuse is the proverb of the Hebrew sage: "*Ghanêh kesil keib-baltô pen-yihyeh châkhâm beg'hainan.*"*

SURGICAL CLINIC OF PROF. CHARLES M. THOMAS,
HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA, PA.

REPORTED BY CLARENCE BARTLETT, M.D.,
PHILADELPHIA, PA.

PERINEAL SECTION.

SAMUEL L., æt. 38 years, many years ago suffered from several attacks of gonorrhœa. About five years ago, noticing an increased frequency of pain on passing water, he applied to a physician in New York for relief, who told him that he had stricture, and treated him with bougies. He improved considerably under this treatment, and remained tolerably well up to within two years ago, when he was attacked after a debauch with retention of urine, which was relieved by the catheter after a prolonged and painful manipulation. His stream after this was small and split, but gave no difficulty in passing until a month or six weeks later, when he noticed a small, hard swelling just back of the scrotum, which, as it increased in size, became very painful, and was accompanied by straining on urinating. In about ten days the lump opened on the surface, and was followed by a discharge of pus and urine. For several

* Proverbs xxvi: 5.

weeks after this most of the urine was passed by the perinæum ; indeed, ever since then more or less of it has been discharged in this way. A few weeks ago a second abscess formed and opened through the posterior part of the scrotal walls. He now passes but a few drops of urine through the urethra ; a small quantity comes through the scrotal opening, but most through the first fistule. Pus flows freely through these openings, and is found in large quantities in the urine ; the latter gives a strong alkaline reaction to litmus-paper.

His appetite and sleep are poor, he is growing thin, and his condition generally is a very precarious one.

Two unsuccessful attempts have been made to enter the bladder since he has been in the house.

With a solid instrument passed down to the anterior face of the stricture, I can, by pressing my finger deeply into the perineal tissues, make out that the obstruction lies at about the bulbous portion of the urethra, and that it is formed by very dense, tough material. In other words, it is probably what is called a *cartilaginous stricture*.

We have here then, gentlemen, two distinct points calling for our attention : first, the most apparent, and to the patient probably the most annoying part of the case, the abnormal *fistulous openings* of the urethra through the tissues of the perinæum ; this we know, however, to be but secondary in importance, and a consequence or result of a more serious condition, viz., the *stricture of the urethra*, which so long as it exists is liable at any time to cause much more disastrous trouble than that which we see in this man's case. Our first effort then should be directed toward the re-establishment of a free passage for the urine by its natural channel, and in most cases of urinary fistula the restoration of the urethra to its normal calibre is followed by a spontaneous closure of the fistules.

Now in dealing with a stricture of the urethra we have at our command a variety of operative procedures.

It may be *stretched* either rapidly or slowly by introducing successively and at varying intervals gradually-increasing sizes of conical sounds or bougies, until the narrowed portion has been enlarged to a calibre corresponding to the healthy portion of the canal—this method being known as the *dilatation treatment*. Or it may be suddenly enlarged or torn by means of special instruments devised for the purpose, which after being passed through the stricture can be made to forcibly dilate; this method takes the name of *divulsion* or *rupture*. Again, the constricted portion may be divided by cutting with a con-

cealed knife passed along the urethra ; this instrument is called a urethrotome, and the operation *internal urethrotomy*.

Finally, it may at times be necessary to overcome the stricture by cutting down upon and through it from the skin surface, thus doing what is known as *external urethrotomy*.

This last is of all the procedures the least frequently practiced, but as it is the one which I purpose doing to-day, I shall confine my further remarks to it alone.

I think of external perineal urethrotomy here, first, on account of the poor prospect of our being able to pass those instruments through the stricture necessary for its internal treatment, and, second, because of the dense cartilage-like walls of the urethra about the narrowest portion. It is on account of these conditions mainly, indeed almost exclusively, that the external operation is called for at the present day. Perineal urethrotomy may be done either first, by cutting down in the median line of the perinæum upon a slender guide or staff passed through the stricture—an operation practiced very extensively by Professor Syme, of England ; or, second, where the stricture is impermeable to instruments, a blunt, guttered sound is passed down the urethra till its beak rests on the anterior face of the stricture ; an incision is then made through the perinæum upon the sound, so as to open the urethra in front of the stricture, which is now brought out and divided from before backwards. This is the external urethrotomy without a guide, or the perineal section proper, and as it is a much more difficult operation than that with a guide, should never be attempted unless the most prolonged and patient efforts to pass a guide through the stricture have failed.

In the case before us, as I have already remarked, a number of unsuccessful attempts have been made to enter the bladder, and I shall not repeat them here until after a complete relaxation has been effected by our anæsthetic, when, if I succeed in passing the stricture, the difficulty of the after-steps will be very much lessened. The patient being anæsthetized, I succeed as you see, after an unexpectedly brief manipulation, in introducing a No. 6 French sound, which, although very small, will serve me as a guide upon which I may cut my way through the perinæum. The incision I make in the median line and very free upon the surface, in order to secure for myself plenty of room in the deeper parts. The urethra immediately anterior to the stricture is now opened, and I pass my knife backward along the sound, so as to freely divide the line of stricture. The guide is now removed, and a No. 29 French steel

sound entered at the meatus and passed with ease into the bladder. Judging by the size of the man's penis, this very nearly corresponds to the normal calibre of his urethra. Our patient will now be put to bed, and receive every third hour until to-morrow a dose of Acon. 1².

I think it is rarely necessary to tie a catheter in the urethra, although it is recommended by many operators.

After a few days, when the inflammatory symptoms have somewhat subsided, a full-sized sound will be passed by the stricture at intervals of twenty-four to forty-eight hours, during the healing of the perineal wound; and before dismissal the patient should be instructed in the use of the instrument, in order that he may be able every few weeks to pass it himself, and so prevent any recurrence of the stricture.

If, contrary to our expectations, the perineal fistulæ do not disappear with the restoration of the urethra after the use of such remedies as Silicea, Fluoric acid, Calc. fluor., etc., they may require the local application of an escharotic, as nitrate of silver, caustic potash, or the hot iron.

The case progressed without complication, and was dismissed entirely cured at the end of five weeks.

THE DETECTION OF ALBUMEN IN URINES.

BY J. EDWARDS SMITH, M.D., PROFESSOR OF MICROSCOPY AND HISTOLOGY,
CLEVELAND, OHIO.

IN the reprint of Dr. Munn's article on albuminuria, to be found in the May issue of this journal, I notice an error which needs correction, to wit:

In the directions given, the reader is taught that urines when tested, "if not distinctly acid must be rendered so *before* boiling."

The writer having made a specialty of micro-chemical examinations of abnormal urines for many years, must, in favor of the teachings of Drs. Golding Bird, and Lionel Beale, dissent from the above statement.

Dr. Bird says: "Albumen may be present and yet escape detection from using dirty test-tubes; a small quantity of an acid, or a little solution of potash or soda, left in a tube, will prevent the precipitation of albumen by heat from urine boiled in such a tube." (*Vide Bird's Urinary Deposits*, p. 344.)

Dr. Beale remarks: "After adding a drop or two of nitric acid to urine suspected to contain albumen, in order to render it distinctly acid, no precipitate is produced upon boiling, al-

though a large quantity of albumen may be present. This is constantly observed in all specimens of albuminous urine, and shows the importance of never boiling urine, suspected to contain albumen, in a tube which may contain by accident a drop or two of nitric acid." (See *Kidney Diseases and Urinary Deposits*, p. 222.)

Regarding alkaline urines Dr. Bird directs: "If the urine be alkaline heat will not always precipitate the albumen; it is requisite, therefore, before applying the heat, to render the urine slightly acid by means of acetic acid. The test-tube must be quite clean, as the presence of a minute quantity of nitric acid will interfere with the success of the experiment." (Op. cit. p. 21.)

In my own practice, *four* tests for the detection of albumen are constantly used; all of these have been before the profession, yet some of them I fear are not as well known as they should be, to wit:

First. The usual test with nitric acid and heat; the acid to be added *after the boiling*, and never before.

Second. The acetic acid test above mentioned.

Third. To a little urine in a test-tube add one-third its bulk of acetic acid, and afterwards a few drops of a solution of the ferrocyanide of potassium; should albumen be present a distinct whitish precipitate will occur. This test not requiring heat is exceedingly valuable at times.

Fourth. Place thirty drops of urine in a *small* test-tube, hold the tube obliquely and allow one or two drops of nitric acid to run down the inner surface of the tube; being heavier than the urine it will seek the bottom of the tube; bring the latter *carefully* to an upright position, holding now the tube to the light the clear acid may be seen at the bottom; if albumen be present the coagulum will commence *at the top surface of the acid*, and gradually extend *upwards* to the surface of the urine.

In using this last test with urines heavily charged with the earthy phosphates, it is quite possible that the nitric acid may throw these out of solution, in which case the cloudy precipitate will commence near the *surface* of the *urine* and gradually work *downwards* towards the acid.

Of the several tests given, the last one is in my hands the most delicate. I have had urines under analysis which totally defeated the first three tests named, and yet surrendered without opposition to the last.

It is not only desirable that the practitioner should be able

to ascertain the presence of albumen, but it is in many instances of vital importance that he should arrive quantitatively at its daily elimination. The process by volumetric chemistry being somewhat complex, I will describe a method of my own which yields results sufficiently accurate, and is moreover extremely simple and easy.

To determine the amount of albumen to the fluid ounce (456 grains), a large test-tube will be required, holding say one and a half fluid ounces of urine, and also a "Marais approximate test-tube;" the latter can be obtained readily of the dealers. It consists simply of a tube graduated from the bottom upwards, the scale reading to fifths of cubic centimeters. The tube is provided with a stand. To perform the analysis proceed thus:

Fill the approximate tube to the level of the fluid ounce mark with the urine to be tested, transfer this to the large test-tube, and boil. Should the albumen coagulate freely there will be no need to add the nitric acid, as on cooling the earthy phosphates will redissolve. Allow the urine to cool; placing the tube obliquely under a water-tap will hasten this materially. When nearly cool shake *well* and transfer the contents again to the approximate tube, making sure that no part of the coagulum is left in the test-tube. Allow the "Marais tube" to remain quiet for twenty-four hours, and then read off the height of the coagulum. Every two *whole* centimeters will equal one grain of albumen to the fluid ounce of urine.

Dr. Munn's remark that "the early morning specimen frequently contains no albumen, while that voided later in the day does," should be well kept in mind. Last year a gentleman consulted me in reference to renal troubles; his morning specimens of urine contained not a trace of albumen, while the evening specimens gave me eight grains to the ounce.

Since the days of Dr. Bright the importance of urinary examinations has been admitted by the profession; nevertheless, it must be admitted that such examinations have been but very imperfectly made. A simple search for albumen is not exhaustive in its character, and will not reflect especial credit on the modern practitioner; there remain other and correlative pathological conditions which are entitled to serious attention. In the words of Dr. Harley these may be expressed in the following propositions, viz.:

"First. In the albuminuria of 'Bright's disease' there is less than the normal amount of albumen in the blood.

"Second. As the amount of albumen in the urine increases,

the quantity in the circulation proportionally diminishes, and as the albuminuria decreases the amount in the circulation gradually re-approaches the normal standard.

"Third. The quantity of albumen and *urea* in the urine are in inverse proportion to each other; that is to say, when there is much albumen there is little *urea*, and when there is much *urea* there is but little albumen.

"Lastly. The condition of the urine affords us a pretty correct idea of the probable condition of that of the blood."

In testing a specimen of urine highly charged with *urea* by the usual method with heat and nitric acid, crystals of the nitrate of *urea* might be formed and precipitated; this will not, however, be likely to occur until *after* the cooling. In making the quantitative test with the approximate tube, the coagulum should always, when doubt exists, be examined with the microscope. The crystals of nitrate of *urea* are very characteristic, and are easily recognized under the objective.

The subject is by no means exhausted; some further remarks are reserved for a future number of this journal.

CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE, May, 1879.

DIFFERENCES BETWEEN ACONITE, GELSEMIUM, AND APIS IN FEBRILE STATES.

BY E. A. FARRINGTON, A.M., M.D.,
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(Read before the Hahnemann Club.)

ACONITE typifies the synochal fever; Gelsemium the remittent or intermittent; Apis the intermittent or typhoid.

Aconite causes decided chill, followed by dry, hot skin and full, hard, bounding pulse; later follows warm, profuse, critical sweat, with relief. Gelsemium causes partial chill, beginning in the hands or running up and down the spine; followed by general heat, most decided about head and face. Sweat is gradual and moderate, but always gives relief. Apis causes a chill, which is followed by burning heat all over, or some places hot and some cool. Heat felt particularly in the abdomen. Skin hot and dry, or alternately dry and moist. Sweat absent or breaks out in spells, soon drying off.

Under Aconite the pulse is, as stated, full, hard, bounding. Under Gelsemium it is full, flowing, but not hard. Under

Apis it is accelerated, full, and strong, or fluttering, wiry, and frequent.

Aconite presupposes that the blood is not qualitatively altered. Gelsemium admits of any change which may favor depression. Apis tends towards toxæmia, with a typhoid type.

Aconite, therefore, is the remedy only when the fever is sthenic; such as arises from exposure to dry, cold winds; from exposure after overheating; from cooling suddenly when warm and sweating, etc. In bilious fever it is indicated in the early stages when of the sthenic type, especially because it acts on the liver. It is also the remedy in inflammatory fever, whether traumatic or not, the type agreeing; particularly in full-blooded, robust individuals, who readily suffer from sudden active congestions. It bears no relation to the intermitting type of fever; and when given during such a fever, acts only by subduing the heart's action, and never curatively, hence never homœopathically. Neither does it hold any relation to typhoid fever.

Gelsemium is the remedy when the fever develops under circumstances which favor a paresis of motor nerves of both voluntary and involuntary muscles. It corresponds to that stage in which the bloodvessels are dilated and full, but lack the firmness and resistance of a fully developed sthenic inflammation. Such a form of fever is accompanied by languor, muscular weakness, desire for absolute rest, and drowsiness. Under such conditions, congestions might still be arterial, as under Aconite, but they exhibit a passivity which is sufficiently characteristic. The pulse is full, flowing, but not hard. So Gelsemium may be indicated in bilious fevers, the liver being passively congested. Again, it applies in typhoid forms, but never after the languor and drowsiness belonging to relaxation and consequent passive congestion of the brain pass into great prostration and stupor.

Apis has an apparent resemblance to the sthenic fever of Aconite in its hot skin, strong pulse, etc., and this is especially so in the beginning of erysipelatous inflammations, or, still more, in inflammation of serous or synovial membranes. But the tendency of the Apis is typhoid-ward or towards effusions; Aconite never either. Thus Aconite may suit the fever attending the initiation of a meningitis, pleuritis, or synovitis; but its power ceases when the *crânephalique*, dyspnœa, and dull percussion or puffy, doughy swelling about the joint, announces effusion.

In its intermittent form of fever, Apis bears no resemblance

to either Aconite or Gelsemium. Even in a rheumatic type in which Aconite and Apis both appear, the resemblance is only superficial; for Apis either develops an erysipelatous inflammation, or causes burning-stinging pains and an exquisite soreness, all referable to the bloodvessels.

In its lower forms Apis deserts Aconite and completely supersedes Gelsemium. It is indicated in genuine scarlatina, in diphtheria, and in typhoid fever. There is a tendency to defibrination of the blood, and lastly, to decomposition of the fluids. In such cases, the anxious restlessness of Aconite and the irritability or drowsiness of Gelsemium are replaced by a fidgety restlessness and stupefaction. The excitement and delirium of Aconite and the semi-conscious muttering of Gelsemium are changed into a low muttering delirium and unconsciousness.

Arranging the respective symptoms according to the requirements of the *Organon*, we have each remedy characterized as follows:

Aconite, anguish, despair, restless tossing about during the fever; fears he will die; throws off the clothes; pulse full, hard, bounding; skin hot, dry. All ends in a copious sweat.

Gelsemium, irritable, sensitive; children sometimes wakeful, nervous, even threatened with convulsions, or drowsy, eyelids heavy, look as if intoxicated; want to remain perfectly quiet. Chills up and down the back, followed by fever with increased drowsiness; pulse full, flowing. Sweat moderate, gradual, but giving relief.

Apis mellifica, fidgety restlessness; wants to sleep, but so nervous cannot; or, low, muttering, delirium; sopor. Chill begins in the knees or abdomen, 3 P.M.; heat, with dry skin or occasional, transient spells of sweating; desire to uncover; great oppression of the chest; skin hot in some places and cool in others. Pulse accelerated and strong; or, as debility shows itself, wiry and frequent, intermittent, imperceptible.

MIASMATIC FEVERS.

BY A. R. WRIGHT, M.D.,
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(Read before the New York State Homœopathic Medical Society.)

I PROTEST against the loose and improper manner in which the terms *malarial* and *miasmatic* are used. The adjective of malaria should be applied to that large class of diseases, which seem to come in waves of the atmosphere, and to spread

over extensive areas, and even whole continents. These disease germs must be ethereal, imponderable, and, hence, capable of being carried to any distance and causing *malaria*, bad air, in any locality unfortunate enough to be visited by them.

Miasmatic, from the Greek *miasm*, a poison, would naturally indicate those diseases, which are supposed to breed from marsh poison, and are called miasmatic fevers, periodical fevers, etc. Da Costa, p. 731, says of them: "They are all owing to that poison so prolific of disease, termed marsh miasm or malaria, of the intimate nature of which, as yet, we know, unfortunately, nothing more definite than that heat and moisture, and probably vegetable decomposition, are essential to its production. This noxious agent gives rise to a group of fevers, ever betraying their common origin by their strong family resemblance; alike occurring in low swampy localities; alike in most of their symptoms, and their difficulty of eradication from the system; alike in the secondary lesions, in the enlargement of the spleen and liver, and in the altered condition of the blood, which they leave behind them." Their appearance is limited to a circumscribed area over which the poison settles. Hence they are called endemic, and they include intermittent, remittent, autumnal, Chickahominy, Panama, Mountain Jungle, and African fevers. But a differential diagnosis of malarial and miasmatic fevers opens up too wide a field for discussion here, and we proceed to the principal object of this paper, viz.: the evidences that miasmatic or periodical fevers are caused by a definite, specific poison; an entity, whether vegetable or animal, we cannot in the light of existing researches determine. The ferment theory of the cause of disease, assumes a ferment to be an organized substance in a certain state, which possesses the property of exciting the same decay in other organic substances with which it comes in contact. The germ theory supposes the diseased person to be suffering from an invasion of his system by microscopic algoid or fungoid vegetative forms, having the property of rapid self-multiplication, and that the spores which proceed from these fungi, or cells of the algæ, are wafted in like manner by the air from person to person, penetrating the systems of the healthy, and establishing new colonies to generate disease in them. Whichever of these theories we adopt, we think we have reliable authority to show that marsh or miasmatic poison is carried like a ponderable substance in the air only a short distance, a few miles, or fractions of miles.

Dr. R. S. Bishop, in an exhaustive report on the Clima-

tology of Orleans County, New York, says: "The argument that malarial disease is the result of a miasm, and that miasm an emanation from rank vegetable growth that is subject to the alternate influence of moisture and heat, has here abundant proof. A fact for many years established in the writer's mind, as the result of experience in the treatment of the sick in this county, is, that the residents upon the borders of the marsh lands are subject to all the varieties of intermittent, according to their distance therefrom, and their relation to prevailing winds. As an instance, residents on the south and west of these submerged districts, a short distance removed therefrom, say one-eighth of a mile, seldom suffer from the conditions now under discussion. On the other hand, a belt of country one or more miles distant from these influences, but in the track of prevailing winds, south, southwest, and west, have inevitably more or less general the diseases incident to these causes." Professor Barnard, of Columbia College, in a paper treating partly upon this subject, says: "These examples will probably be thought sufficiently numerous to justify the generalization, that in infectious diseases the presence of microscopic algoid, or fungoid cryptogams, is a fact of invariable occurrence." Hertz on "Malarial Diseases," Ziemssen's *Encyclopaedia*, p. 578, says: "It does not seem probable that currents of air are capable of carrying the poison, which is generated in the breeding-places of epidemics, to the distance of any considerable number of miles. We believe rather that malarial poison is in a majority of cases generated on the spot, inasmuch, as the conditions necessary for the decomposition of vegetable matter may be furnished in a non-malarious locality by alterations in the condition of the soil, by overflows, by great solar heat, etc."

Again, during the construction of public works, such as railways and canals, and in the first cultivation of virgin soil all over this country, it is generally noted that intermittent or some kind of miasmatic forces prevail to a greater or less extent, but only in the immediate neighborhood of the exposed soil. Instances by the hundred, to prove this assertion, might be cited in our country, especially in the Western States.

If the diseases under consideration were produced by a *condition* of the atmosphere, the disease-germs would not be sifted out and shut off by a high line of buildings or a screen of foliage, as we have facts to prove. Annesley, in *Diseases of India*, says that forests in the tropics do not allow the miasmatic poison to escape beyond their verdure, while the

low jungle, more like a marsh, permits its escape and transportation to a great distance.

Lancisi states that a thick forest formerly extended on the south side of Rome, protecting it from the effluvia of the Pontine marshes; this belt has since been removed and the country has become proverbial for its unhealthiness. . . . Trees were planted by the Romans to protect localities in this manner, and the practice was enforced by law. . . . Beyrout, formerly very unhealthy, has ceased to be so since the Fakir-el-din planted a wood of fir trees, which still exist a league below the town. Many similar cases are noted by La Roche.

Grave doubts have been raised of the truth of the theory of a definite specific marsh miasm of vegetable or animal origin, because there appear to be so many localities that are exceptions to the rule or law. But when we consider that these exceptions have been gathered up as rarities, for the last several hundred years, we may readily perceive that they are very few indeed, in proportion to the number of miasmatic localities on the globe. In an extended correspondence with physicians throughout this State, who reported on nearly every town, we found that in every case of marsh land the typical miasmatic diseases prevailed in the vicinity. We might cite the salt meadows of Long Island, on which all the physicians who reported, located miasmatic fevers in their vicinity, as the effect of a poison emanating from the marshes. And we believe if as thorough a canvassing of marsh lands throughout the globe were to be made, the exceptions would be rare indeed.

Dr. McNeil, in an elaborate paper read before the Indiana Institute of Homœopathy, gives an extended compilation of these supposed exceptions, but on examining his list carefully, we find that many of the localities cited are on *hill sides*. If space would permit we might give the testimony of careful observers to prove, that the effects of marsh poison is often found on a high elevation above the marsh where it is generated. A large number of other localities cited by Dr. McNeil are arid deserts and plains where water fails. Now if in these localities there be moisture on the surface at any time of year, there will also be either animal or vegetable life, even if it be *microscopic*, which we think is the principal source of miasm. He also cites as exceptions other localities on the tops of mountains. Now wherever the topography is such that a depression or basin of rock is filled with clay, or any impervious soil, there will be marshy land at any elevation where rain falls.

The Catskill Mountains, with their dry gravelly sides, have marshy lands on their very tops. Again, reference is often made to localities similar to that of the Lake Tescudo, before the gates of Mexico, which contain the *conditions* for malaria without any malarial diseases resulting therefrom. These marshy shores *may* generate a miasm that is harmless, because it is antidoted by some element present in the air or water. It is said that cultivation of the soil prevents the reappearance of the miasm in the Western States above alluded to, but that does not account for the change that takes place in the soil any better than the assumption of an antidote to the miasm that may be around the Lake of Tescudo. On the whole we do not think there is a necessity for Dr. McNeil's nice theory of electricity and terrestrial magnetism affecting the blood, and thus causing miasmatic fever.

On the supposition that these forces are caused by the introduction of an organized substance into the human system, we cannot better explain how this may be done than by quoting the following: "These facts," says Professor Lister, "involved to me a complete mystery until I heard of the germ theory of putrefaction, when it at once occurred to me that it was only natural that the air should be filtered of germs by the air-passages of the lungs." Now what Professor Lister conjectured *a priori*, Professor Tyndall, interested by this remark, subsequently proved experimentally.

Through the path of the beam of light made visible by his lantern in a dark room, he caused the air from his lungs to pass, by breathing through a tube. The current at first but slightly affected the brightness of the beam, but as the air from the larger passages passed away and that from the deeper bronchioles of the lungs succeeded, the light progressively faded and at last gave place to absolute blackness. The experiment fully confirmed the anticipations of Professor Lister, that the air which passed through the lungs would no longer contain the germs of living things, or any other suspended foreign matter. But what an idea does this give us of our liability, through our lungs, to absorb into our systems anything noxious which the atmosphere may contain, no matter how minute in quantity or how finely divided. "If the quantity in a given volume is minute, it is to be remembered that the volume we inhale in a given time is enormous, amounting to two or three thousand cubic feet a day, and the accumulation which must result from even the partial exhaustion of this great mass of its impurities must become very considera-

ble." In examining under the microscope some floating scum from marsh-water of Western New York, we found on looking for two or three hours at some algæ, that the plants were reproducing themselves at a rapid rate, so much so that the progressive increase for a few days would be incalculable. Multiply this small amount examined, by the algoid contents of a whole marsh, and you have an increase simply incomprehensible. Among this forest of algæ under the microscope were swarms of animalcula. On allowing the algæ to die, a subsequent examination showed nearly all the animalcula ready to decay, and the dead cells of algæ bursting and filling the air with the residuum, which contained the black granules that are formed from the centre of the cells. The bottle of decaying algæ gave out a decidedly fetid odor.

Lanzi, of Rome, thinks this black pigment in the centre of the cells of the decaying algæ identical with the pigment found in the liver and kidneys of those suffering from miasmatic fever. This would be strong proof that decaying vegetable matter is the germ of miasmatic disease. This may or may *not* be. As it needs confirmation more fully before we accept it, we hope to have the co-operation of our confrères, who have access to marshes, in examining these minute and rapidly-growing vegetations.

LESSONS OF HISTORY.

BY S. R. BECKWITH, M.D.,

CINCINNATI, OHIO.

IN the May number of the *HAHNEMANNIAN*, our friend, Dr. Dake, of Nashville, has given, under the above title, what he claims to be the history of homœopathy in this country.

The article implies that homœopathy has made no progress outside of the five large cities of the East, that the Western and Southern portions of the country are too benighted to receive the benefits of a medical practice which is exceedingly popular in the East.

The doctor's history commences on the seacoast, in the great metropolis of the country, and ends at his former residence, Pittsburgh. That the historian still dearly loves his old home there can be no doubt, for he has been away from it long enough to get the soot and smoke out of his eyes, and were he not love-blind, he would have been able to have seen beyond Pittsburgh. There he would have discovered several larger cities than even the one of "fire and smoke," with an equal proportionate num-

ber of homœopathic physicians to their population, as he found in each Eastern city he has mentioned. Go on, doctor, and give us the balance of the history ; no man knows it better than you, and you have often been West. You know that in Cleveland, Detroit, Chicago, and Milwaukee there are a greater number of our physicians to the population than in any other four cities on the continent. In your own city there is one physician to every four or five thousand inhabitants. West of the point where your history ends there are seven colleges. Have you no good word for them ? Their faculties are all brilliant men ; just look at their announcements and see what they say about themselves. If you want items for your history, write to them. Then there are the journals, hospitals, dispensaries, etc., all worthy of some little place in the history.

THE WESTERN ACADEMY OF MEDICINE AND THE MISSOURI INSTITUTE OF HOMŒOPATHY.

A JOINT session of these associations was held at St. Louis, May 7th, 8th, and 9th, and brought together the leading medical men of our school in the West. With such a broad country as ours, it is perfectly proper to have half a dozen large sectional organizations with their appropriate annual meetings, but our public necessities demand one representative central organization for purposes of widespread and concurrent action, and we have such in the American Institute. No spirit of rivalry should exist between such grand bodies of the profession, as the Western Academy and the American Institute, except that each should strive to outdo the other in excellent papers, and in doing good to the cause of homœopathy. We need the harmonious action of all representative bodies to maintain our rights, increase our political influence, and wage successful war against our vigilant and active enemy.

The Convention met in a spacious room at the Lindell Hotel. The platform was flanked by anatomical charts and casts of deformities, which attracted much attention from the newspaper men, "who knew no more about medicine," as one expressed it, "than a Goshoot Indian knows about cerebral hyperæmia, or a bob-tail snail about the acceleration of the moon's motion." There was a large assemblage of the profession from all parts of the West and South, and half a dozen handsome, intelligent women doctors lightened and brightened the solemn faces around them.

The Western Academy was called to order by the President, Dr. J. H. Miller, of Abingdon, Ills., some routine business transacted, and then adjourned. Immediately afterwards President Miller called the joint session to order, and Dr. T. C. Duncan, took his place as Secretary of the union, by his right as Secretary of the Academy. A Committee on Credentials was appointed, and then the address of welcome was delivered by Dr. A. S. Everett, President of the St. Louis Homœopathic Medical Society.

He opened by extending a cordial greeting to the assemblage at their joint meeting, and bid them a most hearty welcome to St. Louis. He said: We honor and welcome you as the representatives of that renowned philosophy in medicine established by Dr. Hahnemann; we honor and welcome you as the representatives of the most advanced thought in the domain of medicine; we honor and welcome you, because you represent so large a proportion of the culture of the West. We honor and welcome you, because in the face of the fiercest opposition and the vilest ostracism, you have nevertheless made your influence felt throughout the entire Valley of the Mississippi, and given both shape and direction to medical thought. As St. Louis is the birthplace of the Western Academy of Homœopathy, it gives us special pleasure, I can assure you, to welcome its return in this the seventh year of its age.

This number, as you know, is ominous of great strength. Is it too much to expect, therefore, that your deliberations will be characterized by strength and power? The energy which this association has exhibited during the seven years of its existence amazes our judgment, while the extent of the influence which it has acquired fires our imagination. Its past is full of pride, and its future boundless in its promise and power. If the opportunities which it presents be improved for making public our experiences and investigations, the extent of its influence and power will be almost beyond conception. I take it, that it is exceedingly fortunate that the Academy should have had its birth in a city of such commercial power and mental culture as St. Louis, for this fact alone may so fill us with enthusiasm as to insure its perpetuity. It will be a matter of pride with us, that the progress of the Society shall keep pace with the growth and prosperity of the city. The Society is certainly as much a matter of pride and interest to us, as is the growth of the city itself.

The number of homœopathic physicians in the city is steadily on the increase, and also the number of families employing the

system. This advance is being made notwithstanding the old school has two powerful medical colleges and three medical journals here. Their colleges are officered by men of culture, who as physicians possess both skill and experience in the treatment of disease. Their journals are ably edited, and in dress and appearance compare favorably with any similar publications in the country. Then, again, the old school has possession of the medical department of the city, and of all the offices in the gift of the administration in this department. In numbers they greatly exceed us. From this it will appear, that the field of their influence is not only wider than ours, but that their agents for making this influence felt greatly outnumber ours. We are without political patronage, or wholly destitute of an outside influence, yet we have gained for our system of therapeutics an entrée to the homes of culture. The work which it has accomplished, and the advance which it has made, rest upon no other foundation, than the intrinsic value which homœopathy possesses over allopathy in the treatment of disease.

Upon its merits we have carried it into all classes of society, from the home of the poor to the palace of the wealthy. We have a medical college and two medical journals. The college is situated at the corner of Tenth and Carr streets, has a charter fully as liberal as that of any medical college in the country, has been organized for more than twenty years, and has conferred the degree of Doctor of Medicine upon a large number of students. Its alumni have scattered throughout the country, until it has a representative in nearly every State in the Union. The efficiency of the college increases from year to year, and there has also been a corresponding improvement in the character and intelligence of those seeking its instruction. At the college building there is in successful operation a very large clinic, at which from thirty to fifty of the poor of the city are daily charitably treated. On Jefferson Avenue, at the head of O'Fallon Street, will be found the Good Samaritan Hospital. This hospital, as its name indicates, is a charitable institution, has been in existence over twenty years, and was founded by that noble philanthropist, Rev. L. E. Nolan. During all these years the Medical Department of this institution has been committed to the keeping of our system of therapeutics. It has been a great advantage to us in this, that it has enabled us to prove and demonstrate what we claim for homœopathy in our teachings.

One of the newest and liveliest enterprises under homœ-

opathic auspices is the St. Louis Child's Hospital. Its management is entirely in the hands of those good mothers in Israel, the ladies of St. Louis. These noble women, irrespective of medical belief, have not only given it their sympathy, but their actual support. They have an annual subscription of \$1500, and have collected the same for one year. Rooms have been taken, and a large amount of clothing, cots, bed linen, etc., donated. Who will underrate the power of woman, or place a limit upon the field of her influence?

Our medical journals are the *News* and the *Clinical Review*. The headquarters of the former will be found at 2619 Pine Street; of the latter at 1308 Chouteau Avenue. In the journalistic world both are young enterprises. Their editors, however, possess a vigor of thought and a breadth of culture which insures their perpetuity and progress.

The city to which we welcome you this day is one of the oldest in the Union. Its foundations were laid in 1764 by an adventurous trader, who seems to have caught a glimpse of its coming greatness, which he expressed in the following manly words, namely: "It might become hereafter one of the finest cities in America." Who will undertake to describe his emotions, could the veil which separates time and eternity be drawn aside, and he be allowed to look upon the city to-day, with its busy population, its crowded streets all beaming with life, its magnificent storehouses, its palatial residences, its furnaces, machine shops, and manufactures, its churches, school-houses, and colleges, its river, no longer traversed by barges of a few tons burden, whose motor-power was the strong sinews and muscles of men, requiring many months to make the trip from New Orleans to St. Louis, but by great steamboats occupying only a few days in making the voyage, or upon its numerous railroads, with their long trains laden with human beings and bearing the rich products of every clime.

The address gave some interesting information to strangers regarding numbering of the streets, and the facilities for reaching any part of the city, and alluding by name to the many objects of interest to be seen, and concluded by extending a most heartfelt greeting to the delegation, and hoping that their stay would be both pleasant and profitable.

RESPONSE BY DR. MILLER.

A response was made by J. Harts Miller, President of the Western Academy of Homœopathy. He opened his address by stating, that in October, 1875, the Western Academy of

Homœopathy met upon the banks of the Great Father of Waters; and again in this month of May, 1879, it convenes within sight of the same majestic river. Then it numbered but a few resolute and enthusiastic workers. Now from half a dozen or more great States its members gather a host, whose united effort means advancement to the science of medicine, and strength to the cause of homœopathy. Here, in this metropolis of the Mississippi Valley and of the Northwest, in the city of its birth as an organization, it will not be amiss to take a brief retrospect of its history thus far.

The speaker, after reviewing the history of the association, adverted at length to the prevalence of the yellow-fever epidemic, when "never had homœopathy more nobly and markedly asserted her superiority over other systems of medicine than in this epidemic." Among those communities ravaged by yellow fever the past summer, the triumphs of homœopathy will not soon be forgotten, even physicians of the old school being constrained to bear testimony to the efficacy of her practice.

It was his purpose to have had an exhaustive report upon this epidemic and its experience brought before the Convention, but the commission appointed by the President of the American Institute has so thoroughly covered the ground, that the plan was mainly abandoned.

The address dwelt at some length upon the epidemic, and offered some suggestions. While all that is desirable has, perhaps, not been attained, the good results of agitation are certainly already becoming apparent. Our colleges are no less interested in the work than are our physicians and patrons, and he believed they would gladly keep up to the requirements of the times. The address also alluded to legislation, which is crystallizing into more definite shape, and laws for the regulation of the practice of medicine are being enacted by one State legislature after another. The speaker tendered his most heartfelt thanks for the honor conferred upon him in being chosen to preside over this Convention.

BUREAU OF OBSTETRICS.—Dr. J. T. Boyd, chairman, read a paper on "Menorrhagia Treated by Secale." He contended that chalybeate waters and Ferrum were strictly homœopathic to the disease, and created considerable merriment by reporting an experiment upon a dog. Other papers in the bureau were tabled.

BUREAU OF PSYCHOLOGICAL MEDICINE, ANATOMY, AND PHYSIOLOGY.—Dr. Pennoyer, chairman, reported several papers, and Dr. J. M. Kershaw read an essay upon "The Dif-

ferential Diagnosis of Diseases of the Spinal Cord," illustrated by diagrams and a very graphic word-painting of peculiarities of those suffering from organic lesions of the nervous centres. In the afternoon Dr. Pennoyer read a paper on "The Value of Quiet and Rest in Nervous Diseases." Nervous persons take too much exercise. When a patient wants to move about it is the best evidence he ought to be in bed. Mental rest is essential to perfect physical rest. Dr. Duncan dilated on the subject, dividing children into two classes, acid and alkaline. The acid child is a spare child. The brain is nourished at the expense of the body, and finally it will develop into full-grown dyspepsia in after-life. These children that are acid are inclined to eat all the time. The mother says it eats too little at breakfast, and she commences stuffing it with food. He found one of the best means was to put the child on regular diet. We append a summary of the paper:

1. That rest is essential to perfect nutrition in those cases of asthenia, with excitability or exhaustion, in which marked disturbances of the circulation occur, such as coldness of any organ or part, or congestion of another.

2. That nutrition and consequent retention of gain in tissue does not depend in so great a degree upon motion or exertion as has been believed, but upon the supply of blood to the tissues, and that such supply can be best attained by restoring a proper equilibrium of the nervous system.

3. That the regular influence of darkness or subdued light is many times necessary to perfect rest, and, we may add, may be persisted in until the object for its use is obtained.

4. That the attainment of self-control must be the result of evolution or growth; certain conditions must be engendered for its proper support, and then, by watchfulness and systematic exercise of the will, such habits of thought and feeling may be insensibly "formed," as will be consistent with a sound body and well-balanced brain.

5. That many mental conditions may be best controlled by the personal influence of the physician, by the power of ready sympathy, and by inspiring the patients with hopefulness, making them feel that their cares and burdens will be relieved, and that everything will be managed for their best good. When such control has been realized, rest will be rewarded with peace and contentment, functional disturbances will be removed, and the patient will always remember with full significance the proverb, "Pleasant words are as honeycomb, sweet to the soul and health to the bones."

Dr. J. M. Kershaw read a paper upon "The Prominent Symptoms of a Nervous Character Due to Caries of the Vertebrae." This essay was unique and interesting, and was abundantly illustrated by diagrams.

BUREAU OF PHARMACY.—Dr. T. D. Williams, of Chicago, sent a paper on "Pharmacy," which was read by the Secretary. This paper charges gross carelessness upon the drug stores in preparing and dispensing homœopathic remedies. He favored the censuring of the American Institute of Homœopathy for not preparing a uniform law to govern homœopathic pharmacy.

Dr. Wilson said he was astonished at the character of the report. The author made statements without proofs, even in reference to Chicago. He would not indorse the paper, and looked upon it as a very grave indiscretion, and he moved that the paper be referred to a committee of three, two of whom are to be citizens of Chicago. The motion was carried, and Dr. Vilas, Dr. Roby, and Dr. Wilson were appointed as such committee.

Dr. Baker, of Iowa, wanted to know who this Dr. Williams was, and was answered that he used to be a pharmacist, and joined the Association in 1877. He sent in a paper last year at the meeting in Cincinnati, to be read by proxy, which was of an entirely different tone from the present paper.

Dr. Boyd hoped there would be no more such papers read, and that if presented, they would be laid on the table.

A communication was received from the Woman's National Suffrage Association, inviting the members of the Convention to attend their meetings, etc., signed by Susan B. Anthony.

Dr. Campbell thought the Convention ought not to be outdone in courtesy, and the thanks of the Convention were extended to the ladies for their invitation.

Dr. J. W. Harris read a paper on "Pharmaceutical Flora."

Dr. Wilson, from the Committee on President's Address, made a report, and desired to discuss that portion alluding to the treatment of yellow fever by the homœopathists. Coming from this source it should be spread before the public.

Professor Uhlemeyer read a paper on "Remedies Seldom Used in Fevers."

Dr. Frank Dunton, of Osage City, Iowa, read a paper on "Indigenous Remedies for Indigenous Diseases."

Dr. D. T. Adell, of Sedalia, read an interesting paper on "The Floral Wealth of Our Southern and Western States."

A communication was read, stating that Dr. Enno Sander had presented an autograph letter of Dr. Hahnemann, the founder of homœopathy, which was at the Loan Exhibition, and would be sold for the benefit of the School of Design.

The following were appointed a committee to examine the yellow-fever germs, as displayed under the microscope by Dr. Bailey, of New Orleans, viz.: Dr. Wilson, Dr. Walker, Dr. Campbell, and Dr. Gerland.

BUREAU OF REGISTRATION AND STATISTICS.—Dr. P. G. Valentine, chairman. Twenty or more of the physicians made reports of the condition of the homœopathic colleges, hospitals, and practice in Illinois, Indiana, Michigan, Ohio, Iowa, Missouri, and Wisconsin. The tenor of the reports was, that this school of medicine was progressing in recognition, was receiving large patronage among the cultured and respectable classes of people, and was advancing in official recognition in State and city institutions.

Dr. James A. Campbell, of St. Louis, a delegate to the Fifth Homœopathic Congress of Paris, held at Paris, France, August 14th, 15th, and 16th, 1878, reported that a unanimous vote of the Congress, entitled him, as representative of the Western Academy of Homœopathy, to a seat of honor upon the platform, and every courtesy, social and conventional, was freely offered, and all sources for information were opened. There were one hundred and twenty-five physicians present. Only three Americans were present in a representative capacity, and they were Dr. C. H. Vilas, of Chicago, Dr. W. H. Winslow, of Pittsburgh, and himself. The remarkable progress which homœopathy has made in America was the subject of general and frequent comment, and the extent of the literature and of the development of the school in America were an increasing wonder. The example was stimulating them, causing renewed efforts, and awakening new activities. The Congress made him the bearer of much good will and most friendly greeting to this Convention. The report was received with prolonged applause.

Business was resumed the second day, and Dr. T. P. Wilson, of Cincinnati, reported the condition of homœopathy in Ohio as flourishing.

Dr. Dake, of Nashville, Tenn., made a report respecting the Homœopathic Society in that State. They had a membership of between twenty-five and thirty, and he was pleased to remark a happy and successful condition of homœopathy in

that State. He commented on the successful treatment of yellow fever made by the school, and said that should the scourge again visit the State, that practice would be preferred.

Dr. Philo G. Valentine, of St. Louis, chairman of the Bureau of Statistics, Registration, Legislation, and Education of the Western Academy, submitted the following report :

The past year has been full of stirring events all the world over, some of which were peaceful, others stormy, but all the result of the liberality of thought which belongs to the era in which we live.

In homœopathic medicine there has been an advance movement all along the line, over four thousand miles of hills, valleys, mountains, and plains, and extending from the Potomac to the Sacramento, from the capital of our country to the capital of California. All this has been done in the presence of a gallant foe, hotly contesting every inch and yielding only to imperious necessity. All honor to the President of the United States and the Mayor of Sacramento for catching the enlightened spirit of the age, and giving "honor to whom honor is due," by appointing to the highest places of responsibility within their gift the best sanitarians of our school, Dr. T. S. Verdi, of Washington, upon the National Board of Health, and Dr. G. M. Dixon and his able confrères to the Board of Health of the city of Sacramento.

It is with pleasure, and not a little laudable pride, that I chronicle our successes since last we met, one year ago, in Cincinnati. And though there may be chronic grumblers and honest croakers, wiseacres, and evil prophets in the homœopathic ranks elsewhere, there is no soil in which their seed can germinate in the Western Academy of Homœopathy. They serve their purpose well, soon to be forgotten, as do mile-stones, which only mark the onward journeyings of the traveler.

A brief résumé of the "stepping-stones" our homœopathic practitioners have used to mount to higher places, and to occupy new fields of honor and usefulness in twelve months, will be of interest to every true believer.

But first I would drop a tear to the memory of the dead, who have passed to the other shore—four in number, as far as I know : Dr. W. H. Riley, of Olathe, Kan. ; Dr. Fountain Jones, of Waco, Texas ; Dr. W. D. Tirrell, of St. Louis, Mo. ; Dr. D. R. Luyties, of St. Louis, Mo., all pioneers and men full of years and of honors, and faithful followers of Hahne-

mann in what was a wilderness in his time, far away across the ocean beyond the setting sun.

On the 27th of last May, the wife and widow of our great Hahnemann passed to rest. She died in Paris, France, at the advanced age of seventy-eight years. Hahnemann was an octogenarian, but not a valetudinarian, when he met her, and their love and marriage in 1835 was a veritable romance in real life. They lived together nine years, and since his death in 1843, her house has been a Mecca to all doctors who go abroad.

During the past year three of our Western doctors have made the tour of Europe, attended the British Homœopathic Congress, and the French Homœopathic Congress, and returned to their posts—two of them are college professors, and the other has since become an editor. They are all specialists, treating the eye and ear exclusively. I allude to James A. Campbell, of St. Louis, Mo., C. H. Vilas, of Chicago, Ill., and W. H. Winslow, of Pittsburgh, Pa. They have also contributed many valuable and able papers to the medical journals since their return.

There have been several important changes in the faculties of some of the Western colleges. Dr. S. R. Beckwith was appointed to the chair of Special Surgery in the Cleveland College, and Dr. D. W. Hartshorn succeeded him in the Pulte College at Cincinnati. Dr. T. P. Wilson was appointed to the chair of Theory and Practice in the Pulte College.

Dr. E. C. Franklin became Dean and Professor of Surgery in the University of Michigan, and moved to Ann Arbor in October. He was succeeded in the chair of Surgery in the Homœopathic Medical College of Missouri by Dr. S. B. Parsons. In the same college, Dr. G. S. Walker succeeded Dr. William C. Richardson in the chair of Obstetrics. Dr. Richardson was placed in the chair of Diseases of Women and Gynæcological Surgery, and Dr. J. A. Campbell was appointed to the chair of Ophthalmology and Otology. The Western colleges, seven in number, graduated this spring 198 candidates, twelve less than the year previous, and one new college, the Iowa University (Homœopathic Department), graduated three. The number of students in attendance was about the same, thus showing that the standard of medical education in the colleges, which entitles one to a diploma, is 5.7 per cent. higher than one year ago, and that without increasing the number of courses of lectures from two years to three years, as has been in contemplation by the Intercollegiate Conference.

In June the Homœopathic Medical College of Missouri took possession of Masonic Hall, on the corner of Tenth and Carr Streets in this city, and transformed it into a handsome college building, and on the 3d of September opened a free homœopathic dispensary, under the charge of J. C. Cummings, Professor of Clinical Medicine. The work was soon divided among other members of the faculty with a view of utilizing the clinics for the college classes, and Dr. Parsons took charge of the surgery, Dr. William Collison of the women, Dr. W. A. Edmonds of the children, Dr. J. A. Campbell of the deaf and blind, Dr. J. Martine Kershaw of the nervous and paralytic, and Dr. Cummings of all the rest.

This clinic has proved an amazing success, and is doing a world of good for the college and for the deserving poor. From thirty to fifty persons are supplied with medicine daily from this most excellent charity, prescribed by men who are thorough, conscientious, and untiring in their endeavors to do good, by spreading our system among the poorer classes, which are very numerous in all large cities, and suffer greatly from disease. In the line of public positions now occupied by homœopathic physicians, I have to record that, Dr. M. B. Campbell, of Joliet, Ill., has been appointed Prison Physician to the Northern Illinois Penitentiary; Dr. D. G. Curtis, of Chattanooga, Tenn., has been appointed upon the Board of Health of that city; Dr. B. J. Bristol, last November, was elected Coroner of St. Louis County; Dr. W. L. Hedges was re-elected this spring to the Mayoralty of Warrensburg, Mo., and was also appointed Examining Surgeon for the United States Pension Department or District, and Dr. R. Ludlam has been reappointed on the Illinois Board of Health by the Governor. In Sacramento, Cal., Dr. George Pyburn has been appointed County Physician. The Board of Health of the city is now entirely homœopathic, and consists of five in number: Drs. G. M. Dixon, W. A. Hughson, George Pyburn, A. G. Henry, and Miss L. J. Kellogg. There was a Congressional committee of yellow-fever experts appointed by Congress after the Woodworth Commission had returned and reported, and Dr. L. A. Falligant, of Savannah, Ga., was one of the appointees; and, lastly, upon the National Board of Health, established by law, the President of the United States has appointed T. S. Verdi, of Washington, D. C., one of the best writers in our school, and probably our greatest sanitarian. Thus are we winning laurels everywhere, and more are to follow.

During the yellow-fever epidemic, a homœopathic relief association was organized in New Orleans, which did a glorious work, and at Chattanooga, Tenn., on the 12th of October, 1878, a homœopathic hospital, with 100 beds for yellow-fever patients exclusively, was established and placed in charge of Dr. E. H. Price of that city.

In medical journalism some remarkable events have taken place. The *Medical and Surgical Reporter*, of Cleveland, Ohio, has ceased its publication. The HAHNEMANNIAN MONTHLY, under the editorship of R. J. McClatchey, of Philadelphia, suspended July 1, 1878, revived January 1, 1879, with Dr. W. H. Winslow, of Pittsburgh, Pa. The *American Homœopathist*, of Chicago, Ill., was moved to New York, and the name changed to *The American Homœopath*, with Dr. Blumenthal. In its place, in Chicago, with J. P. Mills, M.D., as editor, on the 1st of April, 1879, the *Medical Counselor* appeared. At the same time the *New England Medical Gazette* reduced its size to thirty-two pages, and its price to \$1 a year, and Dr. Herbert C. Clapp became editor. In St. Louis, the *Homœopathic News*, on the 1st of January, 1879, enlarged itself and beautified its general appearance, declared the name of its editor, Dr. J. H. Goodman, and became worthy its name and its accomplished editor.

All the other journals of our school are thriving, and meet with the encouragement they deserve.

In bibliography the West has done her share in the last year, both in publishing and authorship.

In the East there have been published: *Homœopathic Therapeutics*, by S. Lilienthal, of New York; *Electro-Therapeutics and Electro-Surgery*, by Dr. John Butler, New York; *Lectures on Materia Medica*, by Carroll Dunham, New York; *Handbook of Auscultation and Percussion*, by Herbert C. Clapp, of Boston; the third edition of *Helmuth's Surgery*, New York, and Vol. I of *Guiding Symptoms*, by C. Hering, Philadelphia, by the American Homœopathic Publishing Company.

In the West there have appeared: *Hoyne's Therapeutics*, Vol. II; *How to be Plump*, by T. C. Duncan, of Chicago, Ill.; Vol. I of *Diseases of Infants and Children*, by T. C. Duncan; *United States Homœopathic Pharmacopœia*. No author. Published by Duncan Bros., Chicago, Ill.; *Sterility*, by E. M. Hale, Chicago, Ill.; *Uterine and Vaginal Discharges*, by Wm. Eggert, of Indianapolis, Ind.; *Headaches and their Concomitant Symptoms*, by John C. King, of Circleville, Ohio; *An*

Illustrated Repertory of Pains in Chest, Side, and Back, second edition, by Rollin R. Gregg, of Buffalo, N. Y. ; *Oral Lectures, Clinical and Didactic, on the Diseases of Women*, fourth edition, by R. Ludlam, of Chicago, Ill., Published by Duncan Bros.

Dr. M. M. Eaton read a paper upon "Yellow Fever." He said :

In common with other physicians practicing in cities where yellow fever was seen in a few cases, I have been fearful of its extensive ravages next summer, and have studied the subject as thoroughly as I could, and recently visited several of the largest Southern cities, where yellow fever prevailed last season as a fearful epidemic. I will note a few of the conclusions I have drawn from all the sources at my command, including the published reports of the various charities and commissions, as well as reports of individual physicians, and aided by personal conversation with the physicians who lived and practiced in the midst of the epidemic, and also with the people living in Memphis, Vicksburg, New Orleans, and many small towns where the epidemic raged.

First, I will say that its etiology is not demonstrated. I found many people of the South, and some physicians, who claimed that the late epidemic was not yellow fever, but the "plague;" others that it was swamp fever; giving as a reason therefor, that the creoles, children, and negroes had this disease, and claiming that these classes were not subject to "yellow fever."

If it was not for the wonderful success that homœopathic treatment has had in this disease the past season, especially in New Orleans, I would conclude it was the worst epidemic of yellow fever ever experienced in the South, on account of its affecting the creoles, negroes, and children. If this be true, then all the more honor to homœopathic treatment.

According to the report of the Homœopathic Relief Association, 560 cases of negroes were treated, with a loss of only $2\frac{1}{2}$ per cent. ; 2953 cases of white children under fifteen years of age, with a loss of 4.2 per cent. ; 3184 cases in the city of New Orleans, with a loss of 5.2 per cent. 2456 cases in small towns were treated largely by laymen, with a loss of 6 per cent.

Now this is a wonderful showing of success for the homœopathic treatment, when we recollect that the daily telegraphic reports of deaths would indicate a death-rate under all kinds of treatment of from 33 to 40 per cent. ; and I was personally

informed by the people living there, that, at the outbreak of the epidemic, the mortality was from 80 to 90 per cent. in the small towns, and on inquiry they told me the treatment was entirely allopathic. I was gratified to be told in New Orleans by people who had always employed allopathic physicians, that the homœopathic physicians were much the more successful in the late epidemic, and they would trust them hereafter, though they had never felt they could before.

If I was asked my opinion of the cause of the epidemic, I would say stagnant, poisonous atmosphere.

They had but little wind and hardly any thunder or lightning during the early part of last season.

And one experienced the depressing effect of the sickly, stagnant, poisonous air even in February. The smell of the general air reminded one of the confined air of a room where a corpse had lain two or three days. In and about the cemeteries this odor was the most perceptible.

This stagnant atmosphere, combined with the unusually warm nights, produced by the want of the usual Gulf breezes, I believe, developed the poisonous germs that spread (generally by contagion) so fearfully.

The homœopathic treatment merits a word of comment. It consisted in giving Belladonna and Aconite in alternation (used by various physicians in different attenuations and intervals, but very generally in alternation). Now I wish some of these physicians would explain why they give Belladonna and Aconite in alternation. The effect of this treatment was certainly good. The question arises in my mind, did these remedies antagonize each other, so that nature alone performed the cure; or did the Aconite overcome the Belladonna, and leave some energy to be exerted on the patient; or did the Belladonna overbalance the Aconite and make that inert, and have some strength left for the patient?

After the first few days Bry., Ars., Canthar. were used, generally singly. I can easily see that they were the proper remedies, and understand why they acted so charmingly.

Careful nursing, quiet to body and mind, with easily assimilated nourishment, frequently given during convalescence, seem to be absolutely necessary. Death was frequently caused by the imprudence of the patient or nurse, and really such should not be counted as a patient lost by the physician. Still, with all these counted against them, the homœopathic physicians make the grand record of only a loss of about 5 per cent.

of all cases treated, including those treated by laymen and nurses. All honor to the homœopathic physicians of the South!

BUREAU OF SURGERY.—Dr. G. A. Hall, chairman, was absent, and Secretary Duncan read a paper from him upon "Amputation of the Breast and its Treatment." Dr. S. R. Beckwith read an instructive paper on "Strictures of the Oesophagus." Dr. S. B. Parsons read one essay on the "Posture of Patients During Surgical Treatment," and another on the "Dangers of the Esmarch Bandage," and presented a case of hare-lip and cleft palate. Dr. W. D. Foster read one paper upon "Myo-fibromas of the Uterus," and another upon "Traumatic Stricture of the Male Urethra," and related several interesting cases. Dr. B. B. Andrews read an essay upon "Anchylosis of the Knee-joint," and exhibited a boy who had had his leg injured by a circular saw. Though the boy could skate, his condition demanded relief, and passive motion was advised.

The committee, consisting of Drs. T. P. Wilson, H. W. Roby, and C. H. Vilas, chairman, appointed the day before to report upon the paper of Dr. T. D. Williams, of Chicago, made a report. They said that they had duly considered the same, and found in it certain statements which have their origin in the present unsettled state of our homœopathic pharmacology. It is not probable that there will ever arise authority so potent, that it will be able to compel those in charge of this department to follow a fixed and uniform mode of preparing remedies. That we are all lacking an authorized pharmacopœia is true, and we heartily join Dr. Williams in urging upon the American Institute of Homœopathy to do what it can in supplying this want. Meantime our physicians must rely upon the various pharmacies for the supply of drugs, and each for himself must decide, which of our numerous pharmacutists prepares remedies in the most scientific and reliable manner.

BUREAU OF GYNÆCOLOGY.—Dr. M. M. Eaton, chairman, called upon Mrs. M. B. Pearman, M.D., who read a paper on "Menorrhagia," arguing that, as a general rule, the usual treatment was difficult, if not improper, on account of the physician's inability to secure a proper diagnosis of the case under treatment. Mrs. Dr. Pearman's paper favored local applications or injections, and considered Belladonna an effective remedy.

The lady was very highly complimented for her learning, and the able manner in which she handled the subject.

Dr. T. G. Comstock, of St. Louis, read a volunteer paper on the "Treatment of Chronic Uterine Catarrh, or Endometritis." Dr. Comstock did not believe in treatment by local applications or injections, and believed that the use of instruments was much safer and effective. The doctor illustrated his subject by exhibiting the instruments, such as the speculum, swab, sound, etc., and explaining the manner of employing them.

Dr. Eggert, discussing Dr. Comstock's method of treatment, differed essentially in almost every point, believing that the internal treatment was better and more productive of good results, than the external, by means of instruments. For his part, the sooner these instruments were thrown away among the piles of old scrap iron, the better it would be for the profession and suffering womanhood.

Dr. Eaton thought that intrauterine injections were objectionable on account of the temperature of the liquid used not being known.

Drs. Griveaud and Richardson took part in the discussion, and favored Dr. Comstock's external treatment by the use of instruments.

Dr. M. M. Eaton read a paper on "Practical Hints on the Treatment and Diagnosis of Uterine Diseases and Displacements." This paper was similar to the previous one and covered points omitted by Dr. Comstock.

The President read a communication from Mr. G. O. Kalb, Secretary of the Fair Association, inviting the Convention to visit the Fair Grounds and Zoological Gardens. On motion of Dr. Edmonds the invitation was accepted, and it was decided to visit the Fair Grounds after adjournment.

Dr. Miller announced that he was obliged to absent himself for the remainder of the day, but before going he would submit the following list of chairmen for the different bureaus for the ensuing year, subject to the approval of the Convention:

Bureau of Sanitary Science, Climatology, and Hygiene, Dr. B. B. Andrews, Astoria, Ill.; Bureau of Psychological Medicine, Anatomy, and Physiology, Dr. H. B. Fellows, Chicago, Ills.; Bureau of Pharmacy, Dr. Lewis Sherman, Milwaukee, Wis.; Bureau of Obstetrics, Dr. D. W. Hartshorn, Cincinnati; Bureau of Materia Medica, Dr. A. Uhlemeyer, St. Louis; Bureau of Surgery, Dr. A. E. Higbee, Minneapolis, Minn.; Bureau of Statistics, Registration, Legislation, and Education, Dr. R. L. Hill, Dubuque, Iowa; Bureau of Gynecology, Dr. W. Eggert, Indianapolis; Bureau of Pædology,

Dr. W. A. Edmonds, St. Louis; Bureau of Ophthalmology and Otology, Dr. J. A. Campbell, St. Louis; Bureau of Clinical Medicine, Dr. R. F. Baker, Davenport, Iowa; Bureau of Provings, Dr. D. T. Abell, Sedalia, Mo.; Necrological Committee, Dr. C. H. Vilas, Chicago.

BUREAU OF PÆDOLOGY.—Dr. W. A. Edmonds, chairman, read a paper on "Infantile Eczema," recommending the arsenical treatment.

Dr. Duncan thought the tongue a mirror of the constitutional condition in such cases.

Dr. Duncan then read an interesting essay on "Enterocolitis, as Cholera Infantum."

The reception in the evening was a most enjoyable affair. Shortly after eight o'clock the guests began to arrive, and before nine the large parlors of the Lindell were thronged with ladies in the brightest and most charming costumes and gentlemen in faultless evening dress. Spiering's String Band had a position on one side of the grand corridor, while the ladies and their partners promenaded through the adjoining halls, preparatory to the opening of the ladies' ordinary for dancing, or exchanged greetings and introduced, or were introduced, to each other in the parlors. Committees of reception were on hand to receive all who came, and the ladies and gentlemen were soon placed on a friendly and acquaintance footing all around. As late as ten o'clock new arrivals of guests were noted, and at that time corridors, parlors, and the ordinary were crowded. The scene was a very pretty and most attractive one. The ladies and gentlemen were of those who move in the most select society circles, and, as has been stated above, the former were dressed superbly, the latest freaks of the fashion world being reflected in the mingling costumes, and the utmost harmony of color and complexion prevailing, in the brilliant and streaming lights from the chandeliers. Such richness of dress and lavishness of natural beauty, to adorn the artificial magnificence of the occasion, has rarely been noted in similar gatherings in this city, and the expression from one and all was, that homœopathy must be one of the commendable failings of the feminine heart, as so many of the handsomest, brightest, and most attractive of the female portion of society were present themselves to do honor to the occasion.

The Committee of Arrangements, the General and Ladies' Reception Committees, and the Committee on Invitations, all of which have been already published, were composed of repre-

sentative citizens, who secured the attendance of their best friends, and so helped to make the gathering no ordinary one in its character, and certainly no commonplace one in its numbers.

Dancing began at ten o'clock precisely, in the ladies' ordinary, eight pieces of Spiering's band furnishing the music, while the remaining ten pieces continued playing selections on the grand corridor. A splendid supper was served at eleven, consisting principally of cold dishes, with hot tea and coffee, the bill of fare being an exceedingly relishable one. The homœopathic doctrine was not in any way carried out, in regard to the quantity or number of the dishes served, and there was no attenuation or trituration of the edibles to any perceptible extent. Mr. Charles Scudder and Mr. J. L. Griswold gave this portion of the programme their own personal supervision, and when this is said, all who are conversant with the reputation of the proprietors of the Lindell as caterers will understand, that the banquet was everything that could be desired, and that it reflected the utmost credit, not only upon Messrs. Scudder and Griswold, but upon the occasion of which it formed a feature.

After supper dancing was again resumed, and it was not until the homœopathic hours of the morning, that the guests gave up the allopathic indulgences and departed homeward, all highly delighted with the good time they had had, and profuse in the expressions of their very best wishes for the early and lasting glory of the school of medicine founded by Dr. Hahnemann.

The third day of the Convention opened auspiciously.

President Miller presided only during the first part of the session, his place being afterwards filled by Dr. Philo G. Valentine. The attendance was not so heavy as on the previous day.

YELLOW FEVER.—Dr. Walter Bailey, Sr., of New Orleans, who has since his arrival here exhibited at his rooms so-called yellow-fever germs, magnified under the microscope, read a paper on the yellow-fever scourge. He commenced by stating that there is an elementary principle, which, when placed under climatic influences suitable for the occasion, will develop and produce in the system yellow-fever, seems to be universally conceded. Opinion, however, is divided as to the nature and character of this elementary principle. One class seeks for it among the gaseous vapors, malaria, etc., as volatile. A second

class seeks for it as a mysterious animal germ organization, which in some way gets into the human system, and is there, after a period of incubation, varying from two to three or four weeks, developed into an active form of yellow fever.

A third class seek for it in the vegetable kingdom, in the class of cryptogamous plants or fungi, and as developed by spore growth when under the influence of favorable surroundings, the chief of which is a thoroughly tropical climate, as regards a high degree of nearly uniform heat and excessive saturation of the atmosphere, to which class of inquirers the writer acknowledges his adhesion.

The first class of inquirers, or those who seek for the elementary cause of yellow fever in the gases or malaria, must necessarily admit that it is indigenous in all localities where the disease presents itself; for who ever heard of an epidemic of malarial fever, breaking out in a high salubrious section of country from unpacking a trunk of clothing, or a box of dry-goods that had come from a malarial fever infected district?

Besides, in the history of our past yellow fever epidemics, those places where malarial fevers are almost constantly prevalent, either escaped the yellow fever entirely, or had a few cases of a mild form; whereas, in other sections with a boastful salubrious climate, and where malarial fever was an entire stranger the most violent form of yellow fever prevailed. Witness Holly Springs, Mississippi.

That class of investigators, who seek for the cause of yellow fever in animal germs, necessarily believe that the disease is always imported and never indigenous, and rely chiefly, I may say entirely, upon quarantine for protection against an outbreak of the disease in an epidemic form. They think that these germs are all destroyed by a heavy frost, and that no more yellow fever can prevail until fresh germs are imported from the tropics.

With this class of theorists it is not very material whether we have an exceedingly tropical summer or a cool one. If the germs are imported they will necessarily propagate, and yellow fever is the result, regardless of all hygienic measures. They also believe that fumigation with carbolic acid or with sulphur vapor will destroy or render them past resuscitation for all damaging purposes to general health. Those who seek to explain the phenomena of yellow fever through the vegetable, cryptogamic, or spore propagation, or, in other words, vegetable parasitic growth, believe that it is purely a zymotic disease,

arising from a process of fermentation alone, and having no connection or relation with those diseases depending on miasmata for their origin.

In the ordinary fermentation of common yeast (*torula cerevisiæ*), when we put it into a solution of sugar and water, aided by a certain degree of heat, we have a pure process of fermentation, simple in its nature, yet generating a most deadly poison—carbonic acid gas. The brewer's yeast is perfectly free from any poisonous properties, so is the sugar solution, and the fermenting process is simply the growth of the *torula*, or yeast plant. But woe be to any animal organism that inhales this deadly poison.

Cryptogamous botany occupies an immense field in the department of natural history, and much of this is yet unexplored, from the fact that the microscope is necessarily brought into almost constant requisition.

It is believed first, that there is a cryptogamous or fungous plant, resembling in some of its properties the yeast plant, that will become active and grow most luxuriantly under the influence of tropical heat and moisture; second, that there is a pabulum or element in the blood, or somewhere in the system of an unacclimated person, which is acted upon in a manner somewhat resembling the sugar solution, when acted upon by the brewer's yeast, and that the carbonic acid generated from this process in the system is the real destroyer of vital forces.

This hypothetical cryptogamic plant is capable of very rapid growth under the favorable influences of a tropical climate, and will throw off spores beyond enumeration—each spore containing many granules or sporidia, which is the true yeast-ing element. These float about in the atmosphere, and are of so subtle a character as to be taken into the lungs with the oxygen through inhalation. When once in the circulation, aided by the natural temperature of the human system, the true zymotic process, or fermentation, is inaugurated, carbonic acid gas is rapidly generated, and its baneful effects soon exposed.

Dr. Dake, of Nashville, said he did not know that much could be gained by going into a minute investigation on this occasion. He believed that the medical mind, in looking over the data already gathered, had settled upon the view that there are specific germs which develop yellow fever. Opinions differ as to what they are. He, however, would call attention to a

recent fact, which is supposed to militate against the theory of specific germs. The case alluded to was that of the yellow fever on the U.S.S. Plymouth, in the harbor of Boston, where the vessel had been subjected to freezing and fumigation. "If you take the buds of wheat, for example, while in the heads in the field, a slight frost will kill them; but when the heads come to maturity and are then subjected to ever so much freezing, it hurts them not. It is no objection that in the case of yellow fever the germs were in such a condition of dryness as would not affect the buds. When the weather is dry, the same frost does not hurt the buds as when the weather is moist." He thought it was necessary to go down to the bottom of the question. He spoke of the individual observation made by himself on yellow fever in the South. He alluded to efforts made from year to year to organize a board of health, in which it was attempted to keep it in the old school, as if the homœopaths knew nothing about it. In a large volume compiled by Surgeon-General Woodworth, during the prevalence of the Asiatic cholera, intended to give the character, origin, and treatment of that epidemic, chapter after chapter dwelt on the allopathic treatment of the epidemic. The speaker was right in the middle of the ground in Nashville in 1873, when that section was swept by the cholera. Reports were gathered up mostly, as he had occasion to know, from young men upon whose diplomas the ink was scarcely dry, yet not one word was given from the homœopath. This could not be denied by Dr. McClelland, who prepared the reports, for he, the speaker, had himself given a report of the epidemic, remedies used, and the results. His reports were thrown into the waste-basket. He distributed a little volume, and Surgeon-General Woodworth, he heard, told Dr. Verdi that he remembered the little volume of Dr. Dake, but it disappeared. In Washington has occurred the nomination of Dr. Verdi on the Board of Health. An effort was made to reject the confirmation, but now homœopathy is recognized, and hereafter, when war comes, that school can go into the army without let or hindrance. (Applause.) With regard to boards of health, they have made a fine beginning. They had the character of the State Board of Tennessee changed. They required the Governor to place on the board two laymen, one representing transportation, the other commerce, and he was happy to say that homœopathy is represented in the board.

Dr. Wilson continued the discussion, and said thanks were

due to Dr. Bailey, who came so far from the South, a veteran who had won laurels for the cause of homœopathy. He had the pleasure of witnessing the cryptogamous germs under the microscope. It was a hopeful sight as a medical school, that they were not behind their contemporaries in research.

Dr. Duncan said that some years ago he had devoted his time to microscopical investigation. In the germ theory he looked for an atmospheric cause.

Dr. Cummings reported the results of some microscopic experiments which were made on black vomit. He commented on the similarity between the fungoid growth which appeared in the vomit, and the cryptogams that were found in the New Orleans gutters at the time. Similar fungi had been noticed during the cholera epidemic.

Dr. Eaton offered resolutions, thanking the officers of the Convention, the proprietors of the Lindell Hotel, the homœopathic physicians and ladies of St. Louis, for their brilliant reception and banquet, and, lastly, the press of St. Louis, for its full reports; which were adopted.

BUREAU OF OPHTHALMOLOGY AND OTOTOLOGY, Dr. T. P. Wilson, chairman.—Papers were read by Dr. Vilas on the question, "Why a Watery Eye Cannot be Soon Cured;" by Dr. Campbell, "On Foreign Bodies in the Ear;" and by Dr. Wilson on "Asthenopia."

Dr. Vilas reported from the Auditing Committee, that the Academy was entirely out of debt, and had a bright financial future before it.

On motion, at 12.10 P.M., the Convention took a recess until two o'clock.

The Convention was called to order at 2.15 P.M.

BUREAU OF CLINICAL MEDICINE.—In the absence of the chairman, Dr. Valentine took charge of the bureau, and reported several papers, which were received and filed.

Dr. J. Martine Kershaw, of St. Louis, read a paper on some "Practical Points in the Treatment of Diseases of the Nervous System." The doctor used a chart to illustrate his subject more graphically, gave valuable information concerning the use of metallic remedies, and cited several cases that came under his personal treatment.

Drs. Wilson and Parsons took part in the discussion which followed, and approved of Dr. Kershaw's mode of treatment.

Dr. W. A. Edmonds read a paper containing his experience in the treatment of yellow fever in Memphis during the late

epidemic. The paper contrasted the epidemics of 1873 and 1879, and suggested remedies. Aconite, Belladonna, and Brandy were good. Dr. Edmonds thought that the conditions favorable to the rise and spread of the yellow fever were a short, mild winter, a wet spring, and a long, hot summer.

BUREAU OF PROVINGS.—Dr. L. D. Morse, of Memphis, chairman, was unable to attend the Convention, but sent in a paper from Dr. T. J. Williamson, entitled, "How Provings Should be Improved." The Secretary announced that he had received a volunteer contribution from Dr. M. A. A. Wolff, of San Francisco, on the "Proving of Piper Methysticum." Both papers were received and filed.

Several reports from the Bureau of Sanitary Science having been laid over from the first day of the session, were called for by the President:

Dr. S. B. Parsons, of St. Louis, read a paper prepared by Dr. J. A. Campbell, on "The Sanitary Condition and Ventilation of School-rooms." The paper was favorably received, and commended for the wise and practical suggestions contained in it. Drs. Foote, Campbell, and Kershaw discussed the paper and offered their opinions.

Dr. Edmonds considered the report an excellent one, and while he appreciated its completeness, he desired to call attention to an abominable abuse widely practiced. This was the sending of children to school at too early an age, to cram their little heads with learning, when, instead, their growth and primary development ought to be considered. He believed in cultivating their legs and arms, in allowing them to vegetate, and letting them have plenty of good food, sunshine, dirt, and outdoor exercise; he had paid particular attention to this, and did not believe in sending children to school before they were ten years of age.

PUBLICATION OF PAPERS.—It was moved and carried that a committee of three be appointed, to whom shall be given the papers of this Convention, to be published in a separate volume, if money for that purpose is available; and if sufficient money for that purpose is not obtained, the same committee is empowered to seek subscriptions to this volume for the period of three months. If at the end of that period the money shall not be obtained, the committee shall distribute these papers to the medical journals represented in this Convention, for their use.

On motion, Minneapolis was selected as the place of meeting

for the Convention next year, the time of meeting to be fixed by the Minnesota State Society.

ELECTION OF OFFICERS.—The following officers of the Western Academy of Homœopathy were then elected for the ensuing year :

President, Dr. George S. Walker, St. Louis ; First Vice-President, Dr. C. H. Vilas, Chicago ; Second Vice-President, Dr. J. T. Boyd, Indianapolis ; Third Vice-President, Dr. R. L. Hill, Dubuque, Iowa ; General Secretary, Dr. C. H. Goodman, St. Louis ; Provisional Secretary, Dr. Henry W. Roby, Chicago ; Treasurer, Dr. G. W. Foote, Galesburg, Ill. ; Board of Censors, Dr. A. E. Higbee, Minneapolis, Minn., Chairman ; Dr. J. A. Campbell, St. Louis ; Dr. R. F. Baker, Davenport, Iowa ; Dr. Philo G. Valentine, St. Louis ; Dr. T. P. Wilson, Cincinnati.

It was moved and carried, that the officers of the Academy act as delegates to the other medical associations. Dr. Everett was elected as a delegate to the American Institute at Lake George.

The Convention then adjourned *sine die*.

Thus terminated the most important meeting yet held of the Western Academy of Medicine. We believe that great good must come from the numerous papers read, and the lively exchange of views permitted. We think it rather like hiding a light under a bushel to restrict members, in the publication of their papers, to the journals of Chicago, Detroit, Cincinnati, and St. Louis. It looks very much like trades-union work—unworthy men belonging to a liberal profession. We have no doubt that, like the Sophists, the upholders of this policy could “make the worse appear the better reason.”—ED.

REPLY TO “THE LESSONS OF HISTORY IN THE PROGRESS OF AMERICAN HOMŒOPATHY.”

BY B. W. JAMES, A.M., M.D.,
PHILADELPHIA, PA.

IT is not often that we have to differ with our warm friend, Dr. J. P. Dake, in what he writes about homœopathy, but in his specimen of historical lessons in the May number of the

HAHNEMANNIAN, entitled, "The Lessons of History, etc.," we are obliged to do so.

It would have been better for him to have been sound asleep in his quiet couch, or reposing under the refreshing influences of a powerful nepenthe, than to have been deliriously tossing in his thoughts, with pen in one hand, throwing it recklessly about in a wild nightmare, and with scalpel in the other, making ruthless thrusts at the abdomen of homœopathy and its history, striving to cause frightful wounds in the system of medicine wherein he finds his home and lodging-place.

Of New York he says: "In elevating homœopathy they have elevated themselves." If he refers to the little fuss they had some months ago in that city, or "high old time," as newspapers sometimes put it, when they report homœopathic discussions, and he thinks the "merited honors hardly equalled elsewhere in America" are due thereto, then we might agree that homœopathy was "elevated," and went so far skyward by that whirlwind, that the elevators themselves had to struggle strenuously to get down again, even to the common level of a high-flying kite.

There are things in every man's household that need not be paraded before the public, and why should Philadelphia be castigated in such an unmerciful manner, and no mention be made of the little "broom-stick and cudgel-head" encounters that have occurred in society meetings in other cities and States, and the grand verbal melees that have taken place in the larger organizations, which have not tended to elevate in its true sense, either the debaters or homœopathy.

We remember years ago the free professional fight of the opposition dispensary, and the bold talk of a rival hospital, that was on the tapis in the "City of Smoke," when the now "*united*" hospital was organized.

What caused two colleges in Chicago? and what was the matter at Cincinnati last year? Was there an earthquake in California? and did Missouri, or Michigan, and other States never have a medical rumpus?

Our memory is better than his, regarding some points, and even in regard to the one we referred to in his old home in reference to the "*ever united*."

Our ears heard and our eyes saw through the "smoke," for we had to listen to both sides of the then ragged-edged story; but the sloughing is ended and the wound healed at that point, and others are healing elsewhere, so why did he tear

off the bandages? Have the sufferers not bled enough already?

There was no cause for attempting to "open the inwards" of homœopathy, nor to put on whitewash plasters, nor to write "blarney;" nor did the occasion call for such a deadly assault upon any homœopathic city, and especially his kind old Quaker friend, Philadelphia, which never did him harm; a friend, too, that, in its liberal-heartedness has upon more than a single occasion, showered upon him professional honors in its spirit of "brotherly love," and at the hands of the very college he so ungratefully incises by *this* remark: "has only of late shown a spirit and a vigor in keeping with rival institutions of later origin in other cities." Now the "growing pains" of this institution have probably not been any more severe than those of its more youthful associates. We "stingy starvers" have not starved out the college, but only the cormorants who had an eye single to their own stomachs at the expense of the college vitals, and the college is all the more healthy for the demise of these ominous birds of the air. The college has had some trials and so has the profession, but why magnify them? Professional ethics is rudely primitive here among a few of the more egotistical doctors, and some professional jealousies exist in Philadelphia we admit; but is it any better in other cities and towns? If so, let us have the models.

Why should this ignorance of the rules of common politeness, etiquette, and manliness, on the part of a very few, towards their brethren in our city be made to appear as a reproach upon homœopathy? and why select one city, and that of the "East," and be so extremely timid and reserved about those of the grand and thrifty "West?"

Justice would have claimed a reflector for the "little histories" of that "far-off" favored clime. Incomplete or biased histories are no credit to their authors. Give us *all* the facts (and *all* the fancies too) or none. Give us our deserts, but don't plaster on the sulphur and mud.

There is one thing we cannot fathom; he says, speaking of the college: "Starved by the stinginess of those upon whom it had shed its beneficent light," etc., and yet, among the list of graduates of this same institution in 1851 we find a name reading, "Jabez P. Dake, A.B."

The other graduates will be a little startled by that portion of his article, for the college is a remarkably vigorous and lively corpse now, for the old building must be enlarged or a

new one speedily obtained to accommodate the increasing size of the classes. Did *he* ever feel any professional "stinginess" while here in Philadelphia? Did the American Institute of Homœopathy ever feel it while holding its meetings here? Did the World's Convention feel it when it met here in 1876? We happened upon one of these occasions to be treasurer of the Committee of Arrangements. With little or no effort, the profession liberally placed in the hands of the committee a sum that provided the Institute a series of entertainments such as it never enjoyed before nor since.

When the committee settled all its accounts it had quite a surplus in hand, and the limited few of the "stingy starvers" of the college, who were on that committee, passed the amount over to the institution in question.

In comparison, I question if Philadelphia has not upon the whole been as progressive, as generally united, outside of a few natural wranglers, as generous and hospitable, and she has sent out as many if not more well-educated, generous, and open-hearted homœopathic practitioners into the world, and their homœopathy has been as good in quality as that in any other rival city in the country except Nashville.

The members of the homœopathic profession in Philadelphia are fond of probing things to the bottom; they like free and animated discussions and plain outspoken views, and they are apt to speak and write right out bluntly what they mean; but these should not be mistaken for "fanatical notions and disgusting eccentricities." The profession here are not willing to be considered the reservoir and the *summum totum* of all the "selfishness," "narrowness," "eccentricities," and "discordant elements" at present existing, or as having existed in the history of American homœopathy.

Speaking of Pittsburgh, he says: "Had the unhappy Philadelphians been thus united and wise," etc.

Now we are willing to accord to the "City of Fire and Smoke" and to Nashville huge "chunks of wisdom," and to sing loud praises for their present unity and progressiveness, but the idea of Philadelphians being "unhappy," that is the most ludicrous epithet he has yet applied. Why, the members of the profession here are as happy as a pair of lovers. Happiness is our great forte. A Philadelphia homœopathic doctor, no matter where found, at home or abroad, always has a cheerful heart and a warm hand, and his ready smile is a token of his contentment and happiness. None aspire to great wealth, for the ex-

cess of numbers in the profession at large induces such competition, that such good luck could at the present day hardly be possible; but all the members of the homœopathic fraternity aim at as much terrestrial happiness as they can justly claim.

"There is a new and better day dawning on the old city," he says. The better day came long ago, and there is probably nowhere now in the profession a more conscientious and arduous set of workers for the cause, with an erratic exception or two, in any city of the United States than in Philadelphia. Its societies are flourishing, its college is probably the most thorough, and enjoys the largest patronage of any other of its kind in the country. The laity has not fully waked up to the hospital question yet, but it will, and I think is now opening its eyes, for we have three hospitals.

We have more homœopathic practitioners in proportion to the population than any other city. Does that count against its history? It rather tends to speak volumes in favor of its good qualities, and further, that its school of medical learning as well as its professional surroundings are appreciated. I have just counted noses on his statistics in Philadelphia. We have 214 homœopathic physicians (he says 190); we have 8 dispensaries (he says 3); while two homes for the aged, that have homœopathic practitioners attached, he has entirely overlooked. Now let us see how the relative number of physicians to the population stands: New York, population 1,050,000, homœopathic practitioners 226—about one to every 4646; Philadelphia 901,000, homœopathic physicians 214—one homœopathic physician to about 4210; Baltimore 340,000, homœopathic physicians 36—one to about every 9444; Boston 370,000, homœopathic physicians 80—one to about every 4687; Pittsburgh and Allegheny City 200,000, homœopathic physicians 42—one to about every 4761.

We think it would have been far better for the author had that article never been written. If it was intended as a huge joke, it is a pity the author's midnight oil should have been spilled into the eyes and over the form of his stanch old medical parent, homœopathy, that has fed and nourished him for so many years. The parental, gray old locks will shake as harmless as ever, but the juvenile scalp has lost a big tuft from its crown.

AN OPEN LETTER TO DR. J. P. DAKE.

INASMUCH as open letters seem to be a favorite method of redressing grievances, I would through this medium indigantly repel the wanton and unprovoked attack you have seen fit to make upon the homœopathic physicians of Philadelphia, in an article published in the May number of the *HAHNEMANNIAN* over your signature, entitled "The Lessons of History," etc." Not content with halting praise, you have almost exhausted the vocabulary of opprobrious epithets, in your effort to stigmatize us as veritable Ishmaelites, without one single virtue to relieve your dark portraiture of character. In your arraignment, you charge our leaders with "sublime assumption and unhesitating insolence," with intolerance and the repression of independent thought and action, and their followers with truckling and venality. And then, as a fitting climax to your philippic, you add that, "professional jealousies and personal feuds, fanatical notions and disgusting (*sic*) eccentricities, have made sad havoc in nearly all the social and public interests of homœopathy in Philadelphia." Did I not know that you have often sat at some of our mahoganies and been welcomed to our firesides, I would have presumed that some one, intent upon evil, had been imposing upon your credulity, and injecting you with the virus of hate.

But while I am not permitted to cover you with this mantle of charity, still I cannot persuade myself that one who received his first inspiration in our temple, and afterwards ministered at its altar, should prove to be such an ingrate, as to smite the breast that nourished him, and to traduce the friends who fostered him and paid a willing tribute to his worth.

My personal intimacy and association with you in days of yore, when we sat side by side in the lecture-room, enable me to aver with unshaken confidence that you are too magnanimous and elevated in thought and feeling to consciously do injustice to the humblest of your race, and much less to those who are struggling with you to push forward the column of reform, and to plant our standard on the last parapet of the common foe.

Therefore I must accept the conclusion that some sinister influence must have possessed you, and dethroned both reason and your better judgment, when you dipped your pen in gall and aspersed the fair fame of your co-laborers and friends.

While we may not be as enthusiastic and ardent as the exigencies and interests of our sacred cause may demand, still

we are endeavoring to exorcise the demon of selfishness, and to rise to the dignity and importance of our office.

As an earnest of this, we have a well-organized medical society, embracing most of our practitioners, where the utmost freedom of thought is tolerated and encouraged, and new truths are cordially welcomed. We have three hospitals reaching out their well-filled hands, and dispensing their generous gifts to the needy and the afflicted, and a time-honored college, rich in its resources and memories, and affording every facility for the thorough education of its students. From its halls have gone forth hundreds to swell the noble army of missionaries, who are everywhere lifting up the fallen, and proclaiming a new dispensation of truth. Many of these have risen to the front rank of their profession, and by their intelligent and arduous labors have received recognition for scientific attainments and intellectual and moral worth. And to-day their Alma Mater proudly points to them as her jewels, and sends to them greetings and warm assurances of sympathy and support.

Among the dead we can refer with conscious and justifiable pride to Williamson, Jeanes, Matthews, and others, who were ever zealous and untiring in their efforts; while among the living there loom up in stately grandeur, Hering, the Nestor of Homœopathy; Lippe, who has enriched our *Materia Medica* and vindicated the principles of our science; Guernsey, who, from disjointed material, has evolved a system of homœopathic obstetrics; and McClatchey, whose facile pen and tongue are known to all.

Therefore, my dear brother, do not wrest from us our well-earned honors, but rather extend the hand of justice and wreath our brows with the laurels we have deserved. But if you cannot rise to this moral elevation, please do not again assume to play the rôle of a public detractor, or otherwise we may be tempted to ask for the appointment of a *commission* to ascertain by what authority you presume to exercise this office. And such an investigation, you know, might reveal the animus that dictated this objectionable portion of your paper, and, like a boomerang, your weapons may return to wound your own dear self.

Respectfully,

DR. J. K. LEE.

[This paper was received too late for our June number, which was sent to the printer earlier than usual, and we were not able to crowd it in.—ED.]

THE
HAHNEMANNIAN
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

WM. H. WINSLOW, PH.D., M.D.,
EDITOR.

Vol. I.

Philadelphia, Pa., July, 1879.

No. 7.

Editorial Department.

THE AMERICAN MEDICAL ASSOCIATION.

THIS powerful organization met at Atlanta, Georgia, in May, at the same time that the National Board of Health was in session. We note that a resolution was passed to appeal to Congress to remove the duty from quinine. We extract a portion of their proceedings to show the fools are not all dead yet:

“Dr. N. S. Davis, of Chicago, offered an amendment to the *Code of Ethics*, declaring it to be against the ethics of the profession for any physician to teach or encourage any student of an irregular or exclusive system of medicine.

“Dr. E. S. Dunster, of Ann Arbor, spoke in opposition to the amendment. He said he had no personal motive in opposing it or any desire to shelter himself from the responsibility of any past teaching. He said he wished to remain in the association, but not even membership would be a fitting price for the abandonment of scientific convictions. He feared the amendment would bring dishonor and disaster on the profession. The code says medicine is a liberal profession, but this amendment makes it close and exclusive. The whole spirit of the amendment is opposed to the broad principles of true science. He attacked the amendment on various grounds. Said it was impossible to enforce such a statute. It would be a dead-letter law, a reproach to the wisdom of the body that enacted it. A thorough enforcement of this law would close every clinic in the land. In nearly every clinic in large cities are found homœopathic students. He said in the leading homœopathic colleges text-books by leading allopaths are freely used. This is teaching the students of an ‘irregular’ system, as it is called, and you can’t help it. Legally, the amendment will be futile. If the student of an irregular system, as it is called, were to apply to a State school and be refused, he could obtain a mandamus in any State of this Union to give him an entrance and provide him tuition. What is the use of setting up limitation, which cannot be carried out? He argued also on the merits of the question. It is based on an assumption of a most fallacious character. It assumes that

the teaching of the students of irregular systems will tend to build up these systems. This is folly. It declares that the teachings of science lead to error—a proposition to which no man in his senses will give his indorsement. Such a principle carried out would prevent a minister of Christ from preaching the gospel when there were atheists or sinners in his congregation. History has to-night nothing plainer, than that truth is the antidote and finally the victor of error. The argument was not only masterly in its logic, but was marked throughout by a liberality of view which is the honor of a truly scientific man. Said he: 'If national medicine cannot triumph in such a contest she deserves to fall and be buried in dishonor.' [Applause.] The address caused a sensation in the association.

"Dr. Dudley Reynolds moved to lay the amendment on the table, as he said the amendment had been killed.

"A member appealed for free discussion on both sides. A voice: 'The gentleman who moved to table the resolution, only a moment ago was for free discussion.' [Laughter.] The motion to table was withdrawn.

"Dr. Davis said he did not wish to discuss the matter, but he would state the reasons which led to the report which proposed the amendment. The association had taken the steps which made the amendment a necessary result of its action. The judicial council, as a committee, was ordered to report just such a clause. The amendment was the best that could be done. It did not follow that the committee favored the amendment. He said it would be repugnant to him to teach students of an irregular college, who merely came in to catch what they could of his teaching. He admitted that there was a line beyond which the code of ethics could not be carried without coming in contact with state and municipal laws. Dr. Davis' remarks were sound and fell upon attentive ears.

"Dr. Pratt said the argument against the amendment was specious. It was the argument of those who wanted to make money by teaching irregular pupils and be considered ethical, while practitioners are considered non-ethical if they associate with such pupils after they become practitioners. He moved that the proposed amendment lie on the table until next year.

"Dr. Brodie, of Detroit, moved to lay that motion on the table. The vote was taken by rising. The yeas were 72 and the nays 122, so Dr. Brodie's motion was lost. The announcement was received with applause. The motion to table till next year was carried."

We trust that our homœopathic students will not give aid and comfort to the enemy by attending the lectures of these benighted individuals; if they are as far behind in medical science, as they seem to be in knowledge of republican principles, they cannot be very instructive. It is a fact that several of our homœopathic medical schools *demand* and *insist upon* higher qualifications in their graduates than do many of the best of the old-school institutions. The increase of professorships and great improvement in the teachings of our schools within the last five years leave little to be desired, and no one has a valid excuse now to seek the portals 'where, in therapeutics, skepticism with a polish of hypocrisy is the general disease.'

* * * * *

"Dr. Chaille, of New Orleans, presented a paper on State Medicine. Dr. Chaille's views are along with the most advanced theories on this subject.

He appealed for the thorough establishment of a sound system of State medicine, which the General Government should regulate without interfering with any necessary powers of the State. He argued that it lay in the power of the American Medical Association to effect the reforms needed in the present condition of State medicine. In England, State medicine is easily and judiciously regulated by the influence of the British Medical Association on one central legislative power, while in America, this power must be frittered away on the local legislatures of forty-eight States and Territories. He argued for a more permanent organization in minor medical societies, and the consequent increased efficacy of the American Medical Association. His views of the powers of the General Government over medical matters, both as related to sanitary and moral questions, were very strong, and to some may have appeared radical. The thorough study which Dr. Chaille has given this question, and his known liberality of views on all subjects, makes it certain that in this paper he does not go to any extreme which prudence would disapprove, nor did he advocate any principle by reasons which are not in sympathy with the general opinion of the most learned and most patriotic men of our day and nation. The paper was pregnant with theoretic principles, strengthened by sound practical suggestions. It was really one of the most practical papers of all the long list which will come up at this session, and its reading in the section started a series of discussions on its propositions, which its presentation to the Association will bring into much fuller view."

Let homœopaths keep a sharp lookout upon Congress and their different State legislatures, in order to prevent the passage of obnoxious laws for the centralization of power in the hands of a few, to whom the American Medical Association expects to act as wet-nurse. We have broken the power of orthodox medicine by thorough organization and united action, and it would be the greatest folly for us to divide into factions, give up our distinctive principles, and become lukewarm and patronizing, in order to affiliate with the old school. They would make capital of our surrender, use us for their own aggrandizement, treat us with the contempt we would deserve, and debar us from any right, title, or interest in the national measures which they are engineering. The two schools cannot be distinctive and work in harmony; every-day collisions show this. They must continue in antagonism, and we, the weaker, must strive to thwart any plans and legislative action which threaten our interest. There is only one reason why a man should seek affiliation with the old school, and that reason is, a disbelief in the paramount law of *similia*. Every other interest, mental, physical, social and material, tells him to stay where he is; but the natural restlessness of some men leads them into revolution, "*mobilitate et levitate animi novis imperiis.*" Let us take care that they do not lead us astray; let us remain true to the interests of homœopathy, true to ourselves, and let us fight for our rights valorously. Our enemy of nearly a century shows signs of weakness, and we have only to stand firm to enjoy the rewards of a glorious victory.

Book Department.

We Dissert Books, not Authors.

A CLINICAL TREATISE ON DISEASES OF THE LIVER. By F. T. FRERICHS, Professor in University of Berlin, etc. Translated by Charles Murchison, M.D., F.R.C.P., etc., London. Octavo, in three volumes, cloth. Published by William Wood & Co., New York.

This classical work contains 900 pages, and is divided into three volumes, of the library edition, which the publishers are issuing by subscription at one dollar a volume. The reputation of Professor Frerichs, as an author, is world-wide, and this work is a standard in medical literature. The translator has done his part faithfully, and the original text loses nothing of its sharpness of meaning. There are several colored lithographs and many well-executed wood-cuts, illustrating the normal and pathological histology of the great gland, and the coarser characteristics with relation to other viscera. The cases introduced are very interesting and many of them unique, and we have long been accustomed to refer to this work, when we wished to clear up any doubtful point in or about the hepatic region. The work is not a new one, but modern enough to be of great value, and in the attractive shape, and at the low price at which it is offered, we think every one ought to purchase, or rather subscribe to the dozen, and thereby get these.—ED.

CHEMISTRY: GENERAL, MEDICAL, AND PHARMACEUTICAL. BY JOHN ATTFIELD, M.A., Ph.D., University of Tübingen, etc. Eighth edition, revised by the author; 16mo., sheep, pp. 698. Published by Henry C. Lea, Philadelphia, Pa., 1879.

This new edition of an old favorite comes in beautiful workmanship from the great medical publishing house of the Quaker City. The properties of the elements and a succinct view of chemical philosophy are first presented, then the general principles of elementary relations, their analysis and synthesis. The chemistry of substances naturally associated in vegetables

and animals follow, with practical toxicology, the chemical and microscopical characters of morbid urine, urinary sediments and calculi. The concluding part is devoted to analysis, and excellent tables of equivalence of acids and alkalies are given. This book is the standard for medical students in Great Britain, and is invaluable to them and to physicians. It contains matter that one must hunt through many books to find, and we do not see how any physician can do without it. It was prepared especially for students of medicine, and yet we see our students boring into that frightfully dry, exhausting, and incomplete Fowne's *Chemistry*, because their grandfathers did. It is time that medical teachers brought their common sense to bear upon the lists of books, which they recommend in the college catalogues yearly. While science has changed, here has been no change; the lists of to-day are those of twenty years ago. Let us try to help students, not hinder them. Let us put in their hands modern works and knowledge made easy, rather than these cumbrous brain-exhausters. A man should be more a chemist because he is a homœopath, and a physician without a knowledge of chemistry should be scorned. It is as important to him as a knowledge of anatomy; for ignorance in chemistry costs many lives annually, and ignorance of anatomy sends a man to his books, and aids conservative surgery.

Let the lists be revised; let Attfield be examined, and let every one place it in his library.—ED.

THE DOCTOR WOMAN. By AIKEN HEART, M.D. We have received this poetic effusion, illustrated by Dr. C. H. Goodman, of St. Louis, from the *American Observer* office, Detroit, Michigan.

It is a capital satire, and every leaf contains a mirth-provoking couplet, and a picture that Nast might laugh at. It is a good thing for doctors to break out of the harness and to let their fancies run wild occasionally. It is to be hoped the patient paid the woman doctor before he decamped so hastily, and that the fair profession may always thus send wandering benedicts back to their disconsolate families. Price, 25 cents. —ED.

Gleanings.

THE HAHNEMANN MEDICAL COLLEGE OF CHICAGO.—Influenced by invidious reports of sensational Chicago journals, and desirous of informing the profession of all that goes on in the medical world, we did this institution injustice in our last issue. We find that the Illinois Board of Health adopted a resolution, "*that no prior practice or proof of qualifications will be accepted by it as an equivalent for actual attendance upon two full courses of lectures.*" Accepting a period of years of practical medical work as *equivalent for one course of lectures* has been the rule of most of the medical colleges in the land. But this over virtuous board arbitrarily goes behind the diploma, and takes a respectable, legally acting college to task for doing what all have a moral right from long usage to do; *i. e.*, to issue a diploma to a candidate who has been years in practice after he has taken one course of lectures, and passed a thorough examination. Casting a stigma upon an honorable institution by questioning, the Board inaugurates a trial, and subjects honorable gentlemen to the indescribable feelings of criminals to gratify the personal spite of a few malcontents. After much "fuss and feathers," the Board finds that the Hahnemann Medical College was in good standing in 1876, and since has advanced its quality of instruction and the thoroughness of its examinations, and therefore officially affirms THE HONORABLE STANDING OF THE INSTITUTION. This fully vindicates the college, and we venture to say that not all our medical schools could pass through such a baptism of fire unscathed. The dictation of a Board of Health, as to what a college shall demand for a degree, is a new phase of affairs, and an unwarrantable interference with corporate rights. We wonder how many of that Board of Health took two *full* courses of lectures.

DE GUSTIBUS NON DISPUTANDUM EST.—In the opinion of some readers of your lively journal it is in bad taste for one who persistently writes "size" for *diameter*, who coolly alludes to "an *apparent* size of $\frac{1}{1125}$ of an inch," and who is unable to compute the ratio of $\frac{360000}{46133}$ (but speaks of it as "16,153"), to criticize the work of any microscopist.

It is in bad taste for one who says he has "melted" a trituration of gold on a microscopical slide, and who confounds the "atom" and the "molecule," to predict the overthrow of the atomic theory of matter.

It is in bad taste for one who correlates heat, light, electricity, and mechanical motion with *homœopathic attenuations*, calling the latter "modes of motion," to dispute with those who deny the existence of material substance of the medicine in the higher attenuations.

It is in bad taste for one who loudly professes allegiance to the high potency dogma to insist that he has *seen* a particle of gold in the ninth trituration; for, if gold is subdivided by trituration to the extent which is claimed, and must be claimed by the holders of this dogma, the particles in the ninth trituration would be inconceivably smaller than any that could be seen by the aid of any microscope.

It is in bad taste for a crammed smatterer to assert in a medical journal that he "has (have) dipped and is (am) dipping as deep as any of the (your) teachers into the fleshpots of old-school science."

It is in bad taste for one who dares not undertake the Milwaukee Test to assert that a "physiological test" has been "successfully applied to demonstrate the presence and the power of medicine in the thirtieth dilution."

It is in bad taste for one whose literary productions partake of the aroma of the *cloaca* rather than the odor of sanctity ("Saints' Rest"), to disparage healthy scientific skepticism by calling it "pid-dling Pyrrhonism."

It is in bad taste for one who affects to despise "encyclopædic filterings," to confess to a low desire to be able to swear in German.

LECTOR.

THE HOMŒOPATHIC INTER-COLLEGIATE CONGRESS OF THE UNITED STATES.—The Congress met at Indianapolis, Ind., April 30th, 1879. The following colleges were represented by delegates: The Homœopathic Hospital College, Cleveland, O.; the Pulte Medical College, Cincinnati, O.; the Chicago Homœopathic College, Chicago, Ill.; the Hahnemann Medical College Hospital, Chicago, Ill., and the Homœopathic Medical Department of the State University of Iowa, Iowa City, Iowa.

Constitution and By-laws of a permanent organization were adopted.

The object of the Congress is to "be interchange and comparison of views on the part of the different colleges, promotion of unity of matriculate and doctorate requirements, and improvement of the modes and standard of medical education."

Any recommendation adopted by the Congress shall be binding upon the individual colleges, provided said recommendations shall have been ratified by a majority of the several faculties, and written notice of such ratification shall have been sent to the Secretary of the Congress.

The following recommendations were then unanimously adopted:

1. That the time of study required of candidates for graduation shall have been three full years. [It was moved and carried that it is the sense of this Congress, that the words "three full years" required that the applicant for graduation shall give authentic evidence from one or more reputable physicians, that he has prosecuted the study of medicine three (3) full years, including three (3) courses of lectures in a reputable medical college.]

2. That all matriculates, except graduates of regular colleges and high schools, shall be required to pass a preliminary examination upon English scholarship, including elements of chemistry and physics.

3. That the annual course of lectures previous to graduation be three in number, each course to be graded, with a minimum session of twenty-two weeks in each year.

4. That an examination be instituted at the end of the first and second year's courses, and no student be permitted to enter the succeeding year until he has passed a satisfactory examination in the curriculum of the preceding year.

The officers for the ensuing year are:

President.—Prof. J. C. Sanders.

Vice-President.—Prof. A. C. Cowperthwaite.

Secretary and Treasurer.—Prof. W. H. Woodyatt.

The Congress adjourned to meet at Lake George, N. Y., June 24th, at the time of the meeting of the American Institute of Homœopathy. An urgent invitation is extended to all homœopathic colleges to be represented by delegates at that time.

W. H. WOODYATT,

90 EAST WASHINGTON STREET, CHICAGO, ILLS.

Secretary.

UNIVERSITY OF MICHIGAN.—At the request of “regular” medical students, Prof. S. A. Jones, of the University of Michigan, is delivering a series of lectures entitled, *The Grounds of a Homœopath's Faith*.

Lecture I.—The History of the Law of Similars. Its claim to be a science in that it enables *pre-vision*.

Lecture II.—The Single Remedy a Necessity of Science.

Lecture III.—The Minimum Dose an Inevitable Sequence.

Lecture IV.—The Dynamization Theory. As a theory not yet explained; as a fact susceptible of demonstration.

Two lectures have been delivered, and Messrs. Boericke and Tafel will publish the series as soon as they are completed.

STATE UNIVERSITY OF IOWA—HOMŒOPATHIC DEPARTMENT.—At their recent meeting the Board of Regents elected A. E. Rockey, M.D., of Ottumwa, Professor of Surgery. A Professor of Obstetrics will probably be elected at the June meeting.

THE ST. LOUIS CLINICAL REVIEW is full of the graver matters that concern us, and is one of our best journals. Its columns are replete with practical facts and solid science; and our only wonder is, that so comfortable a man as the editor can issue so solemn a journal.

THE HOMŒOPATHIC RELIEF ASSOCIATION, of New Orleans, have issued a REPORT, which we suppose editors must purchase, if they wish to know the doings of the minority, as we have been left out in the cold. Why their facts were not added to the excellent report of our commission is a mystery. “We assert nothing—no, not even that we assert nothing.”

JOURNALS are not, like cameras, able to catch objects in motion. The Institute meeting is coming while we write, will be going as we circulate, and gone before the date upon our title-page. We are so puzzled between the claims of the future, present, and historical tenses, that we are not able to report the affair in this number.

AN OPERA SINGER was so seasick, coming to join Maretzek, that she nearly “threw up” her engagement.

RUTH SPRAGUE, died 1846, aged 9 years, 4 months, and 3 days. She was stolen by C——; her body was dissected at the office of Dr. A——, where her mutilated remains were found and deposited here.

Her body dissected by fiendish men,
Her bones anatomized;
Her soul, we trust, has risen to God,
Where few physicians rise.

ENCYCLOPEDIA OF PURE MATERIA MEDICA, by T. F. Allen, A.M., M.D., etc. Vol. ix, Silicea to Thuja; a magnificent number just received, and we have not time for review for this issue. The toxicology of Strychnia is perfect, and surpasses in completeness that of any work in existence.

DIED—DOWLING.—Wednesday, May 21st, of meningitis, Mamie, eldest daughter of Dr. J. W. Dowling, of New York City, aged eleven years and six months.

THE INVESTIGATOR is a sprightly little paper devoted to homœopathy, published at Richmond, Va. We wish it success.

THE BRITISH HOMŒOPATHIC MEDICAL SOCIETY, at its usual monthly meeting, held May 1st, requested Dr. Pope, senior editor of *The Homœopathic Review*, to represent the Society at the forthcoming meeting of the American Institute of Homœopathy. Dr. Pope has arrived and is "visiting around."

AMERICAN INSTITUTE MEETING.—As all roads lead to Rome, so do all roads lead to Saratoga. The way to Lake George is by Albany and Saratoga Springs. Tickets can be purchased on all the leading routes direct to Lake George *via* Saratoga (stopping over at Saratoga, if you please) and Glen's Falls (see Cooper's *Last of the Mohicans*), and from thence by stage to the lake, a distance of nine miles, through a beautiful section of country. Dr. Dowling guarantees plenty of accommodations from Glen's Falls to Lake George. Glen's Falls is but one hour's ride by railroad from Saratoga.

Passengers from the *West* can come by the way of the St. Lawrence and Lake Champlain, and through Lake George to the hotel, the *Fort William Henry Hotel*, Mr. Roessle, proprietor. Board, \$2.50 per day. Those coming from the Northeast can come by way of Burlington, Vt., through the above lakes.

No special rates on railroads can be made, but all leading railroads publish *Tourists' Guides* about June 1st, to which reference can be made for excursion rates. If any special reductions can be effected—for which efforts are now being made—postal cards will be sent out. I have just gathered this in, or would have sent it sooner.

R. J. McCLATCHEY, M.D.,

General Secretary.

THE HOMŒOPATHIC COLLEGE OF PHYSICIANS AND SURGEONS, of Buffalo, N. Y. A charter has been obtained, a board of trustees organized, and a faculty appointed for a new homœopathic medical school. They intend to demand a severe preliminary examination, to teach all branches of medicine as thoroughly as in any college in the country, to give preference to the law of *similia* as far as it goes, but to teach the methods of other systems for use when *similia* fails. They call the institution a "modern school," hope to merit the name of "model school," and will labor for the cause of "rational medicine." The motto adopted is: "*Nullius ad iunctus jurare in verba magistri*" (to swear by the words of the master is required of no one). We would add, *salus veritate nititur*.

ERRATUM.—The printer's devil took it upon himself to insert another l in the name of our Chicago contemporary in our June number. Of course we knew better.—ED.

THE HAHNEMANNIAN MONTHLY.

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No. 8.

Original Department.

OUR SEASIDE RESORTS.

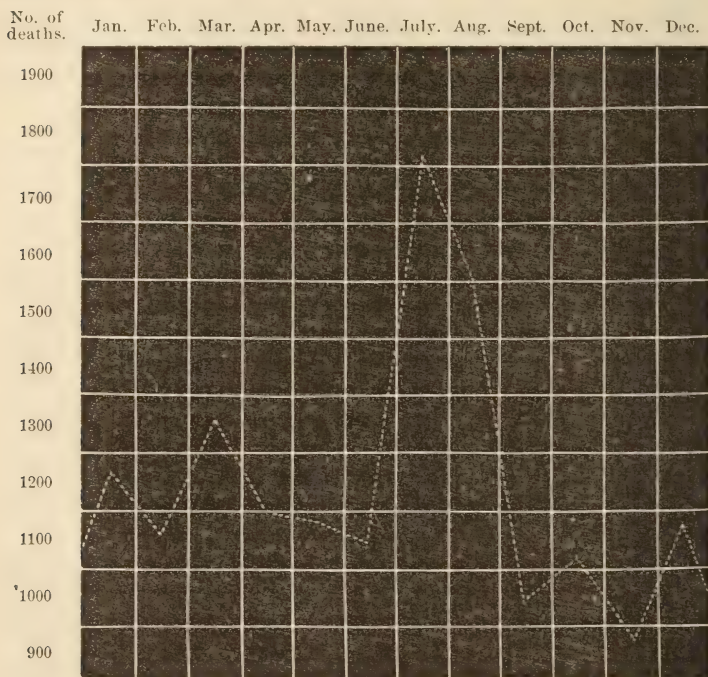
BY B. F. BETTS, M.D.,
PHILADELPHIA, PA.

It is not the purpose of this article to discuss the relative merits of the different seaside resorts, or to recount the opportunities they afford the mere pleasure-seeker for recreation and enjoyment, but it is to direct attention to the importance of making a judicious selection of health resorts for the different classes of invalids that require a change of residence from our city to some other locality better adapted to their conditions of health, and to establish principles that shall guide us in the selection of our seaside resorts for the class of invalids for whom they are best adapted. In order that we may make a judicious selection for a class of persons suffering from a particular form of disease, it is necessary that we consider, first, the nature of the disease-engendering influences to which the organism has been exposed, and which have induced or aggravated the disease, and then, from a knowledge of the advantages and disadvantages of different health resorts, we must be able to select that one at which these factors of disease are to be avoided to the greatest extent, taking into consideration the influence of other agents to be found there, whether *they* will act curatively or otherwise.

Applying these rules to the selection of invalids for our seaside resorts, it will be appropriate for us to consider, first, the nature of some of the most important disease-engendering influences to be met with here in Philadelphia; secondly, to

inquire if these can be avoided at our seaside resorts; and, lastly, to consider the influence of other agencies to be found there, upon different conditions of health and disease.

When we examine the chart accompanying the Annual Report of the Health Officer of this city, "exhibiting the course of the total mortality from all causes (still-births excepted)," we will notice that the line of mortality is every year subject to two very important upward curves, indicating two periods in the twelve months in which a great increase of sickness and death occurs.



The highest mortality is reached in July. The line gradually descends through August into September. In January it reaches a high point, then falls in February, to rise in March to the next highest point to that reached in July.

The first rise is caused by the greatly increased mortality from intestinal affections in July.

The second and third are caused by the increased mortality from respiratory diseases in January and March.

The first may be termed the *intestinal disease curve*, the second the *respiratory disease curve*.

If it is possible for us to diminish the intestinal disease mortality of this city in summer, and the respiratory disease mortality in January and March, the line of mortality will approach a straight line, and our aggregate annual mortality will be greatly diminished.

We are all aware, perhaps, that the mortality curves are intimately associated with, and it is likely mainly dependent upon, certain meteorological phenomena well known to occur at these periods.

With the increase of the mortality curve due to intestinal diseases, we find a rise of temperature. From a comparison of different years we find, that when this rise of temperature is associated with increased dryness of the atmosphere, there is an increased mortality from intestinal diseases; and by comparing the intestinal mortality curve of Philadelphia with that of country places near by, we find an increase of intestinal diseases in the former, due to another very important factor, viz., impure air. So that we have a high mortality in summer, due in a great degree to *high temperature, dry atmosphere, and impure air*. These factors of disease exert an especially injurious influence upon children under five years of age; for of a total mortality in this city in 1878 of 15,743 persons, the number of deaths from among this class amounted to 6417, or over 40 per cent.; and from the last decennial census of the United States, taken in 1870, we learn that the proportion under 5 years of age was 41.28 per cent. of the deaths at all ages for the entire country. Although these figures should be reduced, because of the fact that the births are not all registered, there is still abundant evidence of the effect of the unequal struggle these little ones are carrying on against the morbid forces which environ them, and it is a warning to us to provide for them other influences, which shall ward off disease and death, or future generations may justly point to this age of boasted civilization as having failed in part at least in the duty of propagating the race.

Proceeding to apply the rules for the selection of health resorts to this question, let us inquire to what extent our seaside resorts overcome these factors of disease, and warrant us in sending those specially liable to intestinal affections there. From answers received to a series of questions addressed to physicians in practice for a long period of years in Atlantic City and Cape May, we learn that the permanent residents at these places are not exempt from intestinal diseases so prevalent elsewhere in July and August, and that many visitors also suffer from these affections.

By a comparison of meteorological observations made during the summer months by the signal officers stationed at Philadelphia, Atlantic City, and Cape May, we find that the temperature at these seaside resorts does not average more than 4° or 5° lower than the temperature of this city. Hence there is no very marked decrease in the first factor—high temperature. As to the second factor, dryness of the air, it may be said that the humidity of the air at the seaside is nearly 15 per cent. in excess of the air here, and yet, though the air is warm and moist, it seems much cooler to our senses than that to which we are accustomed. This may be due, perhaps, to a more constant agitation of the air by which cutaneous exhalation is favored, as the body is constantly surrounded by new strata, as fast as the older become filled with excretory matter from the skin and lungs.

There can be no doubt of the fact that, the humidity of the air at the seaside would produce a great degree of oppression and languor, such as is observed in large towns inland, in hot mucky weather, if the air was stagnant and impure; but the constant agitation of the *pure* air, although it is warm and moist, rather tends to promote transudation by the skin.

Exposure of the body to a draft of *hot dry air* in summer will more suddenly check perspiration, and lead to intestinal affections, than exposure to a draft of moist hot air. The high temperature at our seaside resorts in summer, with the humidity of the air, would be detrimental to health, if these factors were not counteracted in a great measure by the increased agitation the air is subjected to, on account of the unequal receptivity for solar heat, possessed by the water, on the one hand, and the land on the other. Therefore we may say that it is to this cause, more than a lower temperature, that these places are considered more comfortable during the heated term. By sending children there, we do not send them to a climate much cooler than our own as indicated by the thermometer, but we surround them by influences which render the heat less pernicious in its effects.

This brings us to the consideration of the other important influence, tending to produce the excessive mortality in the city in summer, viz., impure air. The superior salubrity of the sea air is universally acknowledged. It is in the air along the coast that we find ozone in the greatest quantity. This is nature's greatest scavenger, exercising a most powerful oxidizing influence upon all effete animal and vegetable matter with which it comes in contact; but as it devours noxious ema-

nations, it is itself devoured, so that a superabundance of the latter cannot be counteracted by the presence of the former; consequently, these gases, if in excess, may spread and contaminate air as they do inland. Here in Philadelphia the air is deteriorated by:

1. Respiration and transpiration.
2. Combustion, gases, vapors, and solid particles given off by factories, etc.
3. Putrefactive processes, sewage emanations, and excrementitious filth.
4. Poisons of unknown nature evolved by damp and filthy soil in certain localities.

At our seaside resorts there is an absence of the first and second set of agencies, but the emanations from putrefactive processes in sewage, excrementitious filth, garbage, etc., may be nearly the same, unless strenuous efforts are made to prevent them from accumulating.

The residents, relying upon the greater salubrity of the atmosphere, seem to have neglected the importance of preventing such accumulations from polluting the air; yet the authorities, I am glad to say, are moulding public opinion as fast as possible, and hope soon to have funds furnished them necessary to carry out all needful sanitary regulations. As the remuneration the people of the seaside resorts get is from their visitors, they should submit to such taxation as is necessary to keep these localities in the best sanitary condition; for "they should as soon expect a crop to prove remunerative without its being tilled in productive soil, as to have the public support a resort which is not well regulated." Some of the health resorts in other sections of the country have had their seasons of adversity, in which epidemics, due to a disregard of the laws of sanitary science, have resulted in increased mortality. It is to be hoped that the reputation of our seaside resorts may never suffer from the same causes.

The soil being a recent deposit from the sea is comparatively free from animal and vegetable matter, especially at Atlantic City, and, as there is but little vegetation, the sand is exposed to the direct rays of the sun, by which it is kept dry, so that there is an absence of the most important factors in the process of decomposition, viz.: organized matter and moisture. If proper precautions were taken to remove all effete matter from these resorts, there would be no danger of malarial poisons emanating from the ground, and, with nothing to deteriorate the air, they would become a great boon to the inhabitants of our

large American cities in summer, a haven of safety from epidemics, and a means of preventing some of the excessive mortality of these months; but where there is a deposit of organic matter along the coast, the high temperature in summer, and the humidity of the air furnish all the agents for a rapid decomposition, and, as a consequence, we are to expect an increase in the number of deaths from the zymotic diseases.

Of the respiratory diseases which cause the high mortality curve in January and March in all our large cities, consumption and pneumonia furnish the greatest number of victims. Nearly one-half of all the deaths are due to the three diseases, consumption, pneumonia, and bronchitis. By consulting the meteorological records kept by the United States signal officers of this city, we find that rapid changes in the daily temperature of the air increase the prevalence of pneumonia, and augment the mortality from consumption. It will be found, also, that a low mean temperature for these months, below the average, is always attended with an increase in the number of cases of, and the mortality from, these affections. It may also be observed that a dry air, at a low temperature, increases the tendency to inflammation of the respiratory organs; whilst a moist atmosphere, accompanied by a low temperature, induces bronchial and rheumatic affections, neither of which are as speedily fatal as the former class of diseases, yet cause as much physical suffering, and furnish as many invalids to our health resorts.

These facts will be accepted by every one; but that breathing the impure air of our houses, factories, offices, and workshops in winter, has more to do with the development of consumption, pneumonia, and bronchitis, than all the other causes combined, is a fact less frequently recognized. The testimony of all who have examined the subject points to this conclusion: the man who breathes the hot, dry, impure air of an unventilated room in winter is the one most liable to be stricken down with pneumonia, or to have a latent consumption develop from the slightest exposure to cold damp air. It is apparent that the public do not appreciate the importance of breathing pure air. In respiration we deteriorate about a gallon of air in a minute. Re-breathing this defiled air is the cause of death in hundreds of instances, in which no physician's certificate or epitaph records the fact.

Professor Tyndall says: "No one can, without the greatest repugnance, place his mouth to the illuminated focus of the electric beam, and inhale the dust revealed there; nor is the disgust abol-

ished by the reflection that, although we do not see the nastiness, we are churning it in our lungs every hour and minute of our lives." Fox, in his admirable work on *The Sanitary Examination of Water, Air, and Food*, says: "It is more important to attend to the cleanliness of a medium, in which we are always bathed (or surrounded), and which is continuously passing into and out of our bodies, than of that which is only occasionally introduced into the stomach;" for the stomach contains a fluid possessing a certain antiseptic and destructive power over substances injurious to health.

From the observations referred to above we may conclude that, the respiratory mortality curve in winter is due in a great measure to rapid changes in temperature, low temperature, and impure air.

A comparison of the records, obtained from the signal officers of the United States Government, stationed at Philadelphia, Atlantic City, and Cape May, for the months of January, February, March, and April of this year, which were marked by the usual amount of respiratory disease tendency, leads to the following conclusions, viz:

That at the seaside resorts the thermometer did not mark as high a degree of temperature, neither did it fall so low as it did here in Philadelphia; consequently the monthly range of temperature was less. The daily range of temperature was less; and, from official data extending over a period of four years, we find that the mean temperature for these months is always higher. The air we know to be purer, but more humid.

Higher temperature, less fluctuation, and purer air are the recommendations the seaside resorts offer those predisposed to respiratory diseases in January, February, March and April. But in no instance is it of more importance to follow the principles that should always guide us in deciding upon a change of residence for consumptives, than when a visit to the seaside is contemplated. That principle is to make the change early in the disease, or, better still, to call it into requisition as a prophylactic. The hereditary tendency often gives sufficient warning for this. For those who are predisposed to this disease Atlantic City has proven itself advantageous, especially when such patients are debilitated, have a dry cough, no appetite, and pass restless nights. But in the later stages of this disease, marked by profuse expectoration, destruction of lung tissue, etc., there is no advantage to be gained from a residence in an atmosphere so humid as that upon the New Jersey seacoast. Symptoms of increased dyspnoea, greater debility, and more

profuse expectoration are a sufficient warning for all such to seek some other locality.

From the experience of physicians at Cape May and Atlantic City, as well as that of those of us who have sent invalids to these places, the greatest advantage seems to be derived by patients who are suffering from debility, especially when the nervous function is impaired. They who have no pains to assuage, nor aches to forget; they who are simply *weak*, and have no hunger to appease, nor energy to curb, seem to recuperate the fastest. The cause which most frequently produces this state of things is overwork—either the strife of life, the harass of business, or the hard study of professional life. With females, it is often the care of children in badly ventilated apartments, and prolonged convalescence from disease.

Many forms of uterine disease, such as prolapsus, chronic enlargement of the uterus, etc., with all their attendant nervous symptoms, have been greatly benefited. As the appetite improves and digestion becomes more vigorous, the reflex nervous symptoms disappear. If the pains are very acute, and wearing upon a naturally strong, wiry, nervous organization, *warm* salt-water bathing will prove beneficial.

We might mention as belonging to the class of diseases greatly benefited by a residence at our seaside resorts, all cases of malarial poisoning, presenting conditions characterized by biliousness, hepatic congestion, deficient secretion of bile, constipation, icteroid hue of the skin, loss of appetite, etc.

Ozæna, or chronic nasal catarrh, will be benefited, and some cases, especially in childhood, have been cured by a season at the seaside. Hay asthma, pharyngeal and laryngeal catarrhs, rheumatism, gout, and neuralgia are benefited, if the weather should not be too windy.

In the diseases of constitutional origin, manifested by the large projecting foreheads of childhood, contracted chest, tumid abdomen, enlarged joints, with feeble pulse, languid circulation and cold extremities, enlarged glands, troublesome eruption, etc., the wonderful action of our remedies will be vigorously supplemented by a residence at the seaside; but we must protest against the cruel practice of bathing children, shrieking with terror, in the open sea. The agony of fright does more harm than the bath does good. It is far better for such timid ones to resort to the bath-tub, supplied with sea-water, or salt-water artificially prepared by the addition of sea salt to fresh water, which is also a valuable substitute for sea-water bathing for such patients when away from the seaside.

One physician at Cape May makes the important announcement, that serofulous and syphilitic diseases are not benefited at the seaside, but that in many instances they are made worse by a residence there. This observation will be verified by such cases, returned without improvement, as will recur to the memory of many physicians.

For much other valuable information, the writer of this article would express his thanks to the physicians of Cape May and Atlantic City. In the effort to furnish such data as may be perfectly reliable, he has been greatly assisted by their observations.

The desire to be satisfied of their advantages has resulted in the accumulation of much of interest. Yet the evidence may all be summed in the conclusion, that they possess a climate in winter better adapted than our own for the temporary residence of those predisposed to pulmonary complaints; that it is not suitable for those advanced to the later stages of the disease, and that their climate in summer is so equitably adjusted, as to suit a large class of invalids, especially convalescents, and those suffering from nervous prostration, general debility, and impaired digestion. When these conditions have been induced by overwork, or by exposure to malarial emanations, this climate will prove of especial benefit.

THE OTHER SIDE.

BY EMIL TIETZE, M.D.,

PHILADELPHIA, PA.

It promises well for the future of homœopathy that, of late, a decidedly critical spirit has manifested itself in a few of our homœopathic medical societies and journals, which aims at the overthrow of some ill-founded and arbitrary doctrines which, by their age and the high professional standing of some of their advocates, had gradually obtained a power that often threatened to stifle all reformatory efforts.

However, while I sincerely rejoice over this critical activity, I cannot but regret that the weapons selected by some of the combatants in this warfare were not always wisely chosen. This is rather unfortunate, since circumspection, moderation, and justice ought never to absent themselves from our councils, if our criticism is not to come to grief sooner or later. I shall, in the following remarks, endeavor to point out a few of the errors committed :

With regard to Dr. L. Sherman's paper ("The Milwaukee Test") in the April number of the *HAHNEMANNIAN MONTHLY*, I entirely agree with the remarks made thereupon by Dr. R. Schulz in the May issue of the same journal.

The Milwaukee Academy of Medicine has unquestionably the fullest right practically to investigate, by re-provings, into the pathogenetic power of the thirtieth drug-potency. But, supposing even that all the experiments made with that potency of various remedies had given none but negative results, that body would certainly overstep the boundaries of logic by asserting that, on the strength of those pathogenetic failures, no cure of any disease could ever have been, and can ever be, effected by those preparations. For, if the members of that academy were really determined to stand by that conclusion, they would betray a degree of ignorance in matters homœopathic, which scarcely is eclipsed even by that of some of our allopathic opponents, who often, and to their greatest satisfaction, have prided themselves on having incontrovertibly proved the absolute inertness of our medical preparations, by the fact that children had frequently swallowed, without the slightest injurious effect, the contents of a small homœopathic drug-store. At any rate, the somewhat suspicious appearance of things homœopathic in Milwaukee will probably excuse me for advising the members of the Milwaukee Academy to study more closely in the future, than they seem to have done in the past, the institutes of homœopathy; and, for this end, I urgently recommend to that learned corporation the careful perusal of Grauvogl's textbook.

"There is abundant proof," says Dr. Schulz, "that the sick have recovered after having received the thirtieth dilutions of selected remedies, *and* the influences of hope, fear, joy, heat, cold, moisture, electricity, food, drink, unprescribed medicines, bathing, rest, exercise, sleep, etc.; but no proof that the thirtieth dilutions administered were the curative agents."

Indeed, this is a bold assertion, and, I believe, a very unjust one, at the same time. To make good my words, I humbly offer to the doctor's thoughtful consideration the translation of the reports of a few cures which I have taken from the *Archiv. für homœopathische Heilkunst*. Those cures were effected with the thirtieth drug-potency of one and the same remedy; the first one by Dr. J. A. Schubert, whom the editor of that journal introduces with the following complimentary words:

"Dr. Schubert is the author of the pamphlet, *Historia anatomica systematis absorbentis corporis humani*, Lipsiæ, 1811-4,

an essay very remarkable for its learning and thorough knowledge of the subject treated upon." (*Archiv.* I, 2, 38, footnote.)

I merely mention this, most tenderly to insinuate that the mental and scientific capacity of the author in question may *probably* be considered as having been *on a par*, at least, with that of any of the eminent members of the Milwaukee Academy of Medicine.

The second case was published by Dr. Caspari, a very able and talented young physician, who was highly esteemed by his colleagues, and whose name is so closely interwoven with the early history of homœopathy, that I presume it is not altogether unfamiliar even to the members of the Milwaukee Academy.

CASE I.—“M., a blacksmith of B., near R., forty-three years old, of robust constitution, has suffered for three months, after an intense chill, from a very annoying exanthema. He had in vain been for relief to several physicians; for, notwithstanding all medical treatment, his trouble had increased. For this reason he consulted me on the 14th of April. After a careful examination, I found the following condition:

“The whole face (the forehead excepted), the neck, breast, forearms, and hands were covered with ichorous ulcers, which caused an almost intolerable burning pain, like red-hot coals. At the beginning the eruption consisted in small, red nodules, the points of which soon filled with a bright-yellowish liquid. These broke, and, by the discharge of a very acrid secretion, corroded the healthy skin, forming large crusts, underneath which the suppuration went steadily on. He often felt a chilly sensation at the localities taken up by the eruption, and scarcely slept any on account of the ceaseless pains. He had lost his appetite for smoking, of which he had always been very fond. Salty taste, but little thirst. Tongue covered with a dirty-yellowish coating. Yellowish diarrhœa. Turbid, yellow urine. Prostration. Ill-humored and cross.

“As regards the diet of this man, nothing was to be changed, and since he had also taken no medicine within the last days, the homœopathic treatment could be undertaken forthwith. As no remedy so thoroughly corresponded, by its positive effects, to this trouble, especially to the almost intolerable burning in the ichorous ulcers, to the nocturnal restlessness and salty taste, as *Arsenicum* (V. S. Hahn. R.A.M.L. Ib. 2), I gave to the patient, on the same day, one drop of the thirtieth dilution of that remedy.

“Four days afterwards the patient returned. His whole con-

dition had already improved wonderfully; the ulcers, previously ichorous, were drying up, the burning pain in the same had greatly decreased, and no fresh noduli appeared. But very rarely the patient was seized now with chilliness, and he could sleep several hours during the night. No appetite yet for tobacco, but the salty taste has almost entirely disappeared. Tongue less coated; appetite, thirst, and evacuations natural; urine somewhat turbid yet; mind joyful.

"Daily improvement. The eruption has entirely dried up within ten days, and all the other troubles have disappeared, and the man so much tormented for three months is now again in full possession of his former health." (*Arch. f. h. Heilk.* II. 1, 100, etc.)

CASE II.—"A forester, 48 years old; a man of a powerful body, and, with the exception of some hæmorrhoidal troubles, very healthy, came from the country and complained of the following disorder:

"At the anus a number of hæmorrhoidal tumors of the size of walnuts, with burning and lancinating pains in them, very annoying when sitting. Over the whole skin of the trunk and the extremities blood-blisters from sanguineous extravasation. Urine somewhat bloody, resembling a weak watery extract of meat (*Fleischwasser*), which burns during urination. Diarrhœa; headache. Inclined to scolding. Restlessness; heat. Had not been able to sleep for eight nights; since a terrible burning beneath the skin, accompanied by a sensation as if hot water was running through the bloodvessels, with great restlessness, appeared as soon as he laid down in bed.

"I prescribed the decillionth part of a grain of Arsenicum, to be taken two hours before going to bed. Burning and heat reappeared, but very slightly; he slept well all night till morning. The day following the urinary troubles decreased, the blood-blisters began to get paler in color, and the hæmorrhoidal tumors became painless, collapsed, and contracted in the course of four days to their former size." (*Arch. f. h. Heilk.*, III. 3, 81, etc.)

I take pleasure, moreover, in referring the doctor to the reports of a few other cures obtained by the administration of the 30th potency of various remedies. They are published in the same journal, and may be found in:

Bd. I, 1, 105 (Case X.)
 " I, 3, 155-158.
 " II, 2, 121.
 " II, 2, 126.
 " III, 1, 99.

Bd. III, 3, 53.
 " IV, 1, 145.
 " V, 1, 102, etc.
 " V, 1, 109, etc.
 " V, 2, 56, etc.

At this juncture the doctor will, perhaps, permit me to ask him a few questions, which I kindly request and confidently expect him to answer in a straightforward, frank, and manly manner.

1. Did the patients afflicted with the troubles described under Cases I and II, in his opinion, recover *spontaneously* from their affections, or was their restoration to health *due to the homœopathic agents employed*?

2. Is there *anything* in the history of the two cases that would argue *in favor* of a *spontaneous recovery*, assisted, probably, by the influence of such agencies as the doctor has mentioned in the sentence above quoted?

3. Or does, on the contrary, the restoration to health of the two patients from their painful and by no means trifling affections, which took place *tuto, cito et jucunde*, not contain *sufficient evidence* and *as strong a proof as ever can be given in any case*, that here *CURES were effected by the therapeutic means selected and applied in strict accordance with the laws of homœopathy*?

Now, if Dr. S. should decide that the cures just presented to him have been only spontaneous recoveries, he is respectfully requested to produce, at the same time, the arguments necessary for the scientific support of his decision. On the other hand, should he, after mature deliberation, admit those cures to have been brought about by the therapeutic means employed, he is expected frankly to confess his error as regards his former assertion concerning the therapeutic action of remedies in their 30th potency.

Finally, I shall quote another cure, belonging to this category, from Grauvogl's *Textbook of Homœopathy*, American edition, part II, 384, etc.

"A girl of twenty-three, regularly menstruating, without any discoverable organic defect, had been treated a long time for hysterics, but without result, and she was finally committed to my care. Her complaints were confined to increasing loss of appetite, sleep, and strength; and, indeed, for the last three months, without any known cause, only proceeding, as she thought, from pains in the back, which extended downwards and into the right thigh, so that sitting, and still worse, walking, was difficult for her. The examination of the patient brought out nothing more, than that about 3 P.M., in connection with a chill, the pains increased in severity, and this chill was followed by dry heat, and then by debilitating sweat.

"I thought that I could easily dispose of this neuralgia, which was clearly intermittent, and gave, according to the scheme of § 259, *Nux vom.* 3d, in hourly alternation with *Ipecac.* 3d.

"It is true that all these pains after a few days were so much relieved that the patient could walk in the garden again, only there still appeared from time to time slight reminders of her previous ailments, till at length, after two weeks, they all seemed to disappear. Now she had a violent mental emotion and all her sufferings returned. She now took all her previous remedies again, and especially *Nux vom.* 3d and *Ipecac.* 3d, during several weeks, but with so little success that she lost her confidence and consulted another physician.

"For half a year I heard nothing more of her, when one day her sister came to me in great haste and in tears, with the request that I should renew my visits. The patient had been getting worse ever since I ceased seeing her, and now was so sick that they despaired of her recovery; for my first successor had declared that there was nothing more to do, and the second had ordered Iron, on account of anæmia, after which, she stated, uncommon debility and convulsions had followed.

"The scene had now indeed become quite different.

"The patient had not left her bed for months, by reason of the increase of all her sufferings. The liver and spleen were enlarged, and the pain in the back extended from the middle of the back along the ribs on the right side to the front of the sternum, and three of the dorsal vertebræ were very painful for a long time on being pressed upon. The whole right side of the body was as if paralyzed, *i. e.*, the right arm and right leg could only be moved with effort. Every evening at 5 o'clock there was convulsive stretching of the limbs, vomiting and shaking chill, heat after half an hour, and in still another hour, sweat, which continued all night. At the time of the remission the pulse was 60, the tongue was thickly coated yellow, bitter taste, loss of appetite, constipation, menses suspended for two months, the region of the liver and spleen very sensitive to pressure, the urine was alkaline, with a copious sediment of soda salts; in brief, all the symptoms pointed clearly, according to the laws of similarity, to the alternation of *Nux vom.* with *Ipecac.*; for the disease had remained the same, only it had gained in extent.

"The result with the previous attenuation, however, could not be called satisfactory at all, and this made me all the more determined to give the same remedies in the 30th dilution, in

alternation every two hours, as they are no nutrition remedies. The next day, the tears of the friends were already dried up, and it suffices to say, that the patient was cured in a short time."

The decision in this case, as to a spontaneous recovery or a cure by medical art, I shall quietly leave to the Milwaukee Academy of Medicine, as it will, most likely, take the united wisdom of all its fellows, if nothing more, to invalidate the judgment and testimony of a Grauvogl.

"Charcot, Burq, and Westphal," says Dr. S. in his paper, "by so-called experiments on hysterical women, have hoodwinked themselves into the belief that contact with certain metals can drive away local anæsthesia."

No doubt it is always well to base our argumentation regarding physical phenomena upon the immovable foundation of natural laws; but it behooves us, at the same time, humbly to ask ourselves whether the laws of nature, thus far known, constitute the sum total of all that governs the universe.

The material for all the knowledge of nature that man has attained to has entered through the gates of his senses. However, it is quite questionable whether those senses are fully sufficient to take in and perceive all that exists in nature. Concerning this question I will quote a few remarks of A. Bernstein (*Aus dem Reiche der Naturwissenschaft*, Bd. IV, p. 5, etc.), which, even to-day, have not lost any of their original force:

"The question," he says, "whether there exist in nature forces which we cannot take hold of with our senses, is, by no means, an impertinent one. For, there are, unquestionably, natural forces at work, such as do not disclose themselves to any of our senses; and a part of those forces would unmistakably be taken hold of by our perception, if we could but augment the number of our senses, those instruments of perception, by a sixth.

"However, we do not possess that sense, and shall, moreover, not agitate the question as to the possibility of its existence, since it is our aim merely to avail ourselves of that idea for the purpose of thus attaining to an important truth, which every man of thought, in his endeavors for knowledge, ought well to consider. This truth is the following:

"We perceive of nature and its forces, in fact, of the world at large, but a very small part, that trifling portion impressing our five senses, while it admits of no doubt whatever that infinitely more remains concealed to our perception, as long as

the hidden forces of nature cannot, by the assistance of various circumstances, be made to impress one of our organs of sense."

These are words, as well-considered and wise, as those of the doctor are ill-considered and unwise. However, in order not to meet one assertion by another merely, I take the liberty of directing the doctor's attention to an interesting article which lately appeared in an *orthodox allopathic* journal. The paper was published in the *Medical and Surgical Reporter* of Philadelphia, March 29th, 1879. I shall give of it those parts most important for my present purpose :

"METALLOSCOPY AND METALLO-THERAPEUTICS IN A CASE OF HYSTERICAL HYPERÆSTHESIA. By Hugo Engel, A.M., M.D., Lecturer on Electro-Therapeutics at Jefferson Medical College; Physician to St. Mary's Hospital, etc.

"There is nothing new under the sun. When Burq handed to the Académie des Sciences, in Paris, his thesis on Metalloscopy and Metallo-Therapeutics, and the Academy appointed a committee with Charcot at its head to investigate the subject, there followed a general commotion in the medical world, and after Charcot's favorable report, after the publication of his observations in l'Hôpital de la Salpêtrière, the excitement was greater yet, a deputation of English and German physicians—all of them eminent authorities—went to the French capital to investigate for themselves the truth of the reports, and now even the greatest skeptic must confess that there is some hidden truth in metallo-therapeutics.

"As now recognized, a patient, especially a hysterical female, suffering from a nervous affection, as achromatopsia and anæsthesia, is subjected to certain tests with pieces of metal; *i. e.*, a small piece of gold, silver, iron, copper, zinc, etc., is for a short time applied to the temple or anæsthetic zone, and if the color-blindness or anæsthesia should disappear temporarily under its influence, though it might, temporarily too, reappear on the opposite side, then the same metal which brought on the desired effect is given internally, in its proper doses, to the individual, and the latter is cured. . . .

"Westphal and others have tried to find a cause for the remarkable fact. Some believe that minute currents are developed, which, similarly to the galvanic current, produce this effect; others think we have to do here with a reflex action, started by an impression on the periphery; and still others attribute it to expectant attention. But the observations have been carefully made, and everything has been excluded by which the imagination could have played a rôle; in achroma-

topsy it is actually impossible to attribute it to delusion, as the patient cannot know the order in which the perceptibility of colors will return; so that the indisputable fact remains that, by the aid of metalloscopy, we may detect certain metals which, when given internally, remove certain nervous phenomena. This fact cannot be denied, and to enrich the literature on the subject I publish the following case:

"Miss A. D., aged twenty-two years; sanguine temperament; well-formed; blonde. . . . She complained of severe hyperæsthesia of the skin of the whole right arm. It was impossible to limit exactly the area of hyperæsthesia; the slightest touch made her scream; she had no rest, either day or night, in consequence of the pain in the arm, and only when she held it slightly flexed and supported in this position was the pain endurable. There was nowhere on the arm a spot more tender than the rest; the brachial plexus was not painful to the touch, and there was not a solitary symptom of disturbed health anywhere else. The arm was slightly swollen, evidently from disturbed circulation, due, I think, to its forced position. I observed no other trophic disturbance, nor symptoms of affection of the vasomotor system. Every organ, as far as could be detected, was normal, as also every function; only the arm troubled her. The patient thought she had struck her arm against a table, and hence the pain, which had been confined first to the fingers, and gradually reached its present extension and severity. But the lady was not sure of the accident; she knew only one thing certainly, that she had the affection now for about eight months, and her relatives were alarmed.

"While examining the patient, I concluded that she was afflicted with hysteria. Her history of herself was not very clear, and only after seeing her family physician, Dr. —, was my diagnosis confirmed. A year before I saw her she had neuralgia of the right ovary, and at that time pressure on the afflicted organ would produce a hysterical fit which ceased on removal of the pressure. As soon as this neuralgia left her, the affection of the arm began. With the exception of hypodermic medication, I tried all available means, but did not succeed. Then, without explaining to her my intention, I put a piece of silver (half a dollar), at another time a piece of copper (large, old cent), and when she came the third time a five-dollar gold piece on her arm, securing it carefully with a small bandage. The first two metals had no influence; the gold was not ten minutes on the arm, when the pain suddenly left her. When I took the metal off it gradually returned,

but not with its former severity. I now gave her, internally, Auri muriatico-natronati, gr. $\frac{1}{10}$, t. d., and from this time on rapid improvement followed, so that the lady only paid me a few more visits, when I discharged her cured."

Here I must take leave of Dr. Sherman. However, I cannot part with him without expressing the hope, that the foregoing quotation will have clearly shown him that he has, rather rashly and imprudently, ventured upon giving a verdict upon a subject of which he is not qualified to speak, and regarding which he has, apparently, not the slightest experience.

For the pleasure which I have derived from the perusal of his paper, I think I cannot better thank him, than by reminding him and the learned members of the Milwaukee Academy of Medicine of the following words of Fr. Hoffman:

"Duo in medicina fulcra sunt: ratio et experientia. Experientia præcedit, ratio sequitur; hinc rationes in rebus medicis non conditæ nil valent."

HINTS TO PROVERS REGARDING THE EYE AND EAR.

BY JAMES A. CAMPBELL, M.D.,

ST. LOUIS, MO.,

Professor of Ophthalmology and Otology in the Homœopathic College of Missouri; Oculist and Aurist to Good Samaritan Hospital.

(Read before the Western Academy of Medicine, at Cincinnati, May, 1878.)

WHEN I regard the eye and ear symptoms of provings, I must confess, that repeated disappointments have compelled me many times to almost entirely disregard the provings as first given, and to depend rather upon the results as developed and corroborated by clinical experience alone. The source of this unreliability lies principally in the fact that there has been on the part of the provers much oversight as to some of the preliminary requirements.

There are certain peculiar phenomena connected with the eye and the ear, which, if not thoroughly comprehended and guarded against, will be the means of seriously interfering with the general reliability of a proving, more especially in reference to these organs themselves. Unfortunately this fact has not always been well understood, and it is for the purpose of commenting upon it that I introduce the subject to your notice to-day.

Some of these peculiarities spoken of are optical and physio-

logical, some are pathological, while others are purely mechanical; and these may all be present and still be unheeded by the one in whom they occur. Many people have suffered from visual and aural defects, which they never dreamed of until developed by some accident or by a competent examination. This has been my almost daily observation and experience, and all specialists in this direction will confirm it. Many of these defects are not slight, but are developed in a high degree; for instance, there have been cases where people were blind in one eye and did not know it; this has occurred even in persons accustomed to literary work. Defective hearing is very common and often unnoticed. It is indeed a strange fact that diminished acuity of hearing, if not suddenly acquired, is first noticed by a person's friends, rather than by the person himself.

With these facts alone before us, it shows how easily a natural defect might be mistaken for a drug symptom by a prover so affected; and undoubtedly this is no uncommon occurrence. But there are also other phenomena connected with these organs, which are even more common and less understood; and it will thus be seen that much preliminary precaution is absolutely necessary to make a proving reliable; and it is owing to the fact that this has generally been neglected, that many of the symptoms are so erroneous and hence useless.

The suggestions I desire to offer to provers are embodied in the following:

I believe that first of all a considerable degree of intelligence is very necessary for a successful proving; without doubt our best provings have been made by intelligent provers.

To recognize abnormalities one must be familiar with normal conditions and their legitimate variations. It is very necessary that the prover should be in perfect physical and mental health, and capable of an intelligent recognition of the drug symptoms, and of discriminating between them and the natural manifestations of forces and conditions, which are ever present, but usually unheeded. But, "*Mens sana in corpore sano*," is not the only requisite; the prover should prepare himself by going through a rigid preliminary self-examination, so as not only to guard against idiosyncrasies, which Hahnemann speaks of in the *Organon*, but so that he may first *know himself*; for then, and then only, will he be able to distinguish between natural conditions and drug symptoms. If this is not done in reference to the eye and the ear, and their condition remains untested, I would regard the proving, if not utterly worthless,

at least open to much doubt and criticism. I therefore would earnestly recommend to those who contemplate making a proving, that the condition of their eyes and their ears be carefully determined beforehand by a series of tests, in competent hands if possible.

In the eye the sight should first be tested. This is best done by the usual test-types prepared for this purpose; visual differences between the two eyes will thus be detected. The power of accommodation should be noted. The mobility of the iris and natural size of the pupil should be taken into account. It should be remembered that the normal pupil varies in size, according to the amount of light it receives, it being the office of the pupil to regulate by its dilatation or contraction the amount of light received into the interior of the eye. Hence, when the prover would note the state of the pupil, his observations should always be made with this point in view. If the pupil is looked at in a bright light, it will be contracted; if in the dark, it will be much dilated.

The iris is a movable curtain suspended in the aqueous fluid, separating the anterior from the posterior chamber. In its natural condition the pupillary margins rest upon the lens. When the quantity of aqueous fluid is much increased, or the lens is removed or displaced from its natural position, and the iris thus loses its posterior support, then the iris is seen to have a tremulous or wavy motion, when the eye so affected is moved about. This condition is known as iridodonesis, and is purely a mechanical result from a lack of the natural mechanical support. And yet not long ago a case was reported in one of our journals where this trembling of the iris, following extraction of the lens for cataract, was brilliantly cured (?) by a high potency of *Lycopodium*.

Under a great many remedies will be found this symptom: "Motes before the eyes." The truth of the matter is, that these motes or *muscæ volitantes* are most frequently purely physiological, and occur more or less in most eyes; but they are usually overlooked, because they do not float across the field of vision; but they may become visible if looked for. The prover should remember this fact and carefully test the eyes beforehand for them; this is best done by looking through a pinhole in a card. If there are any *muscæ volitantes* present, they will usually become manifested in this manner.

It would also be well for the prover to submit his eyes to color tests. It has been estimated that one person in every

eighteen has some defect in this direction, or is to some extent color-blind.

"Diplopia" is often given in drug provings. When this occurs it merely means that the two eyes do not move in harmony, owing to perverted action of one or more muscles of the eyeball. When this occurs during a proving, it would be of much value to the specialist to know which particular muscles were so affected, and whether the diplopia was homonymous or crossed. This may be determined by holding a slip of red glass before one eye, when, if the object is seen double, we can determine to which eye the image belongs, and upon which side it is, by one of them appearing red.

Under Ammon. carbon. occurs the symptom "Sees yellow spots on looking at white objects." While we may probably accept this as a reliable symptom in this case, the prover should bear in mind that the same thing may be produced by looking at the sun, and then on a white surface, purely an optical phenomenon.

"Mucus in the eye, obstructing sight" is found under Argent. nitr.; still, if there is mucus in the eye and it comes before the field of vision, it will always obstruct the sight—only a mechanical effect. Provers should avoid noting and perpetuating this class of symptoms.

The ear should not be forgotten. The *meatus auditorius externus* should be inspected. Strictly speaking, it is not in a normal condition, if partially or wholly filled by secretions or impacted cerumen. The range of hearing should be carefully tested; this is best done by a watch, using the same watch for the same purpose, both before and during the proving. As mentioned before, it is very common for the hearing power of one ear to be better than that of the other. The watch will decide this.

Under many remedies we find "Noises in the ear," or *tinnitus aurium*; under one remedy it will be: "Sounds like ringing bells;" another, "Like rushing waters;" again, "A buzzing," or "Like boiling water," "Rustling of trees," etc., etc.

The particular character of the sound is supposed to suggest some particular remedy, while in reality it signifies very little, if anything. The description which one gives of the noises they hear in the ears, depends very much upon their fancy, their graphic powers of description, and their natural surroundings. People generally draw their similitudes from their own personal experience, from sounds with which they are familiar.

Thus a person from the country, with *tinnitus aurium*, hears

rushing of water, rustling of trees, singing of birds, buzzing of bees, etc. One in a city would hear rolling of carriages, ringing of bells, etc. One accustomed to the factory hears beating of hammers, escaping of steam, etc. Thus peculiarities of the sounds heard in the ears, as described by provers, cannot be regarded as entirely characteristic of the remedy. A knowledge of this fact will enable the prover to be on his guard.

These are only a few examples of the many which might be given, but they will serve to illustrate the class of errors to which I desire to call attention.

It was formerly a curious fact to me that very many, even intelligent people, fail to make a clear distinction between that which they really see, and that which they think they see; that which they hear, and that which they think they hear. Attention often influences and controls the sight as well as the hearing, and thus when the mind is turned in upon itself, it is in a vigilant state of analytical watchfulness, where everything that comes out is rigidly questioned. But it is a truth that most of us are unaccustomed to, and many of us incapable of—a careful, clear-headed, intelligent analysis of our own sensations. How repeatedly has this been proven when we begin to question patients as to their symptoms. It would indeed be a revelation to many of us to turn around and critically examine ourselves; it would at times almost make us doubt the evidences of our own senses.

The above remarks do not apply to optical and aural illusions and delusions produced by drugs; for, if caused by an exalted imagination, they are as truly drug symptoms as any other manifestation; but, if we understand beforehand that many of the errors of sight and of hearing may find their source in the very mechanism of the organs themselves, it will help us to avoid many errors, and to bring out in reliable and harmonious order, the valuable results of a properly conducted proving.

THE INCOMPATIBLE REMEDIES OF THE HOMŒOPATHIC MATERIA MEDICA.

BY CHARLES MOHR, M.D.,
PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

THE incompatible remedies of the Homœopathic Materia Medica of which I shall speak are those, which have been denominated by the few who have written on this subject, *inimical* ones.

My purpose is not to give anything new, for I have had but a limited experience, but I desire to invite discussion, and through discussion to elicit information not otherwise attainable.

I use the word *incompatible* rather than *inimical*, because in my judgment it is a better one, and enables us in a classification of drug relations—a matter daily assuming more importance—to apply the term *compatible* to all such medicines as we know *agree*. These two relations were first spoken of by Hahnemann as “*freundlich*” (friendly like) and “*feindlich*” (enemy like), and I think the two words I suggest best express the idea in English.

The word *incompatible*, as applied to medicines, is used by the allopaths when they speak of those “substances which cannot be prescribed with another without interfering with its chemical composition or medicinal activity.” They recognize two kinds of incompatibility, physiological and chemical. In their works on *materia medica* and therapeutics the former is rarely discussed, but long lists of chemical incompatibilities are given in the accounts of individual drugs. With the *chemical* disagreement we, as homœopaths, may have more to do in the future than in the past, for it is becoming fashionable in homœopathic pharmacy to make combinations. In respect to this new feature, I have only to say that my own predilection is for the *single* substance well proven and then applied; but, if by combining two or more chemicals we can have a remedy for any set of symptoms that it is impossible to cure with *one* substance, let us have the combination; but let us go about the use of such in a Hahnemannian way.

With the so-called physiological incompatibility we have much more to do, and yet, in the *United States Pharmacopæia* (homœopathic), published by Duncan Brothers (probably the worst book ever issued by our school), this whole subject is dismissed in a few words, and it is erroneously stated that the incompatibles are “medicines which frequently antidote each other.” This is false; *they never do*, but always increase the symptoms until an antidote is applied.

How can we know when medicines are incompatible? On this question I invite discussion. It may be stated in a general way, so at least Hering puts it, that the substances which are too *similar* in action, especially in the remote symptoms, are incompatible, as witness *Zincum* and *Nux vomica* in nervous affections, *Rhus tox.* and *Apis* in skin diseases, *Cinchona* and *Selenium* in their effects on the sexual apparatus,

Mercurius and *Silica* in suppurative processes. Of this similarity, Farrington, in the preface to his very able comparisons (see Appendix to the *American Journal of H. M. M.*, volumes vii, viii), says: "There is a kind of similarity not calculated to cure, but rather to aggravate. The *Ignatia* and *Nux vom.*, though very similar, are by no means antidotal or serviceable one after the other. Their resemblance appears to be too much like *aequale* or *idem*, rather than only similar. To draw a comparison, it would seem like a marriage of brother and sister."

I think we give too little thought to drug relation, and often jeopardize our patients' health and comfort by neglecting careful observations, which would determine when medicines are compatible or incompatible. Then, again, we are too apt to neglect to refer to former prescriptions before giving another remedy, and thus sometimes unwittingly prescribe a medicine which will aggravate the very symptoms we are aiming to cure. Worst of all, some among us think this matter of drug relation, in dynamized doses at least, is merely some fanciful creation of an overzealous individualizer. I well remember some years ago talking on this subject with a confrère, who said: "I never pay any attention to this matter of inimicals, and often give *Rhus* and *Apis*, or *Causticum* and *Phosphorus*, after each other, or even in alternation." The opportunity offering itself, I gave a dispensary patient (purely from scientific motives) *Apis* after I had her well under the influence of *Rhus tox.* The woman was subject to rheumatism and erysipelatous inflammations, and when applying for treatment was suffering with prolapsus uteri. The symptoms called for *Rhus tox.*, and for some six weeks after it had been given she was entirely free from all symptoms except backache, due doubtless to the prolapsus, which did not yield to the medicine. A pessary was then used as a mechanical support, and the backache grew better. It was then I gave *Apis*, and, despite the pessary, the backache, as well as many other old symptoms, were re-awakened to such an extent that for months she suffered most severely, and added to the old symptoms were some of ovarian origin, which proved quite distressing. I condemned myself considerably for testing the relation on her, but was very sorry that I had not been able to make the experiment on my friend who "never paid any attention to inimicals."

I refer in this place to the case published by me in the *HAHNEMANNIAN MONTHLY*, vol. i, p. 18, date January, 1879,

in which I demonstrated the incompatible relation of *Nux vomica* and *Zincum met.*, and I think the instructive part of the history of the clinical case related to this society by Dr. C. E. Toothaker, at our March meeting was, that it gave us presumptive evidence that *Nux vom.* and *Zincum sulph.* are likewise incompatible, and that was the reason the case gave the doctor so much trouble. Very likely a few doses of *Bellad.* would have cured, or possibly *Hepar*, had an antipsoric been required, both these remedies being frequently useful after *Zincum*.

In the fall of 1876 I treated a lady, otherwise in good health, for an ordinary "runround" (*paronychia*). I expected to heal the sore thumb in a few days, having in many instances cured similar sores in a short time by the properly selected remedy. Six weeks after the treatment began I was still hard at it, endeavoring to cure, and disgusted and disappointed, I found out the secret of my ill-success by referring to my day-book, when to my surprise I found I had, without any thought, given *Mercury* on November 17th, 1876, the preceding medicine having been *Silica*. These remedies are incompatible, and the lady was six months suffering with, not *one* as at first, but with *two* suppurating, painful, and distorted thumbs.

Whether *Kali carb.* and *Spongia* are incompatible I cannot say, but a case of exophthalmic goitre, since completely cured with *Kali carb.*³⁰, demonstrated that *Spongia* did not agree with my patient. And just here let me ask another question: *Are not some of the aggravations we find after the administration of a remedy due to some idiosyncrasy of the patient, making the remedy unsuited to the patient, rather than really incompatible with the medicine formerly employed?* On this point I invite discussion. But as to the case. The lady had received *Spongia* for some months without any benefit. A careful study of the symptoms led me to give *Kali carb.* Almost immediately the subjective symptoms disappeared, and in due course the health improved and the objective signs began to grow less and less. After some months things became quiescent, and seeing no other remedy indicated, the thyroid enlargement and the bulging eyeballs having remained *in statu quo* for several months, I concluded to try *Spongia*, of which I gave one dose of the 8000th, and inside of a week all the distressing symptoms removed by *Kali carb.* had returned; there were present the same dyspnœa and palpitation; the same aggravation at 2 A.M., compelling patient

to sit erect to breathe; and a decline of the general health; and these persisted under *placebo* fully two weeks, when I returned to *Kali carb.*³⁰, relief again following at once, and under its continued use for some months the cure was effected.

Who has not often been puzzled to know when to give *Rhus* or *Apis*, *Causticum* or *Phosphorus*? These remedies, and others too similar, are frequently about evenly indicated. Suppose *Rhus* has been given, when *Apis* should have been; or, *Causticum* instead of *Phosphorus*, what is to be done? Then, a knowledge of what medicine to interpolate stands us in good need. Between *Causticum* and *Phosphorus*, *Nux vomica* is useful; between *Apis* and *Rhus tox.*, *Pulsat.* or *Sulph.* is needed; between *Mercur.* and *Silic.*, *Hepar* answers the purpose, but so far as my knowledge extends, very little information on this point is given in our works, and this dearth of intelligence compels me to propose a third query, viz.: *When a remedy (other than those mentioned) has been administered when its incompatible similar should have been, what medicine has been found of use to interpolate to prevent mischief?*

I have studied all the works at my command bearing on the subject here presented, and the result of my investigation I give in the appended list, to which I am sure much useful information could be added, if our older and observant practitioners would but give us the results of their experience.

INCOMPATIBLES.

Acetic acid.—*Amanita (Agaricus)*, *Arnica*, *Bellad.* (headache), *Borax*, *Caustic.*, *Lachesis*, *Mercurius*, *Nux vomica*, *Ranunculus bulb.*, *Sarsaparilla*.

Allium sat.—*Aloes*, *Cepa*, *Scilla*.

Amanita.—Vinegar and Eau de Cologne (induce fainting), *Amm. mur.*

Ammon. carb.—*Lachesis*.

Anantherum.—Wine and strong liquors.

Antimon. tart.—*Kali sulph.*

Apis mel.—*Rhus tox.*

Argent. nitr.—*Coffea* (increases nervous headache).

Arnica.—Wine (increases unpleasant effects), *Hydrophobin*.

Aurum met.—Whiskey (blind after daily use of).

Belladonna.—Vinegar (headache), *Dulcam.*

Borax.—Vinegar, Wine.

Bovista.—*Coffea*.

Camphor.—*Nitrum*.

- Cantharis*.—Coffea, Oil (increases pernicious effects).
Causticum.—Acids, Coffea, Phosph.
Cepa.—Allium sat., Aloes, Scilla.
Cinchona.—Digitalis (increase of anxiety), Selenium.
Cistus.—Coffee (produces diarrhoea).
Cocculus.—Coffea.
Coffea cruda.—Cantharis, Caustic., Coccul., Ignatia.
Digitalis.—Cinchona (increases anxiety), Spir. nitr. dule.
Dulcamara.—Bellad., Lach.
Ferrum.—Syphilinum.
Ignatia.—Coffea, Tabacum, Nux vom.
Kali carb.—Spongia (?).
Kreosote.—Carbo veg.
Lachesis.—Acetic ac., Amm. carb., Dulcam., Nitric ac.,
 Psorinum.
Ledum.—Cinchona.
Mercurius.—Silica (Merc. cor. is *antidoted* by Silica).
Millefolium.—Coffee (causes congestion to head).
Nitric acid.—Lachesis.
Nitrum.—Camphor (increases the pains).
Nux vomica.—Acids, Ignatia, Zincum.
Phosphorus.—Causticum, Rhus tox. (?).
Podophyllum.—Salt (increases action).
Ranunculus b.—Alcohol, Spir. nitr. dule., Staphis., Sulph.
 Vinegar, Wine.
Rhus tox.—Apis, Phosph. (?).
Sarsaparilla.—Vinegar (increases effects at first).
Selenium.—Cinchona, Wine.
Sepia.—Lachesis.
Silica.—Mercurius (dynamized doses).
Staphisagria.—Ranunculus bulbosus.
Zincum.—Chamom., Nux vom., Wine.

THE PROBABILITIES OF THE MILWAUKEE TEST.

BY L. Y. SCHERMERHORN, C.E.,

NEW YORK.

IN considering the possible results which may arise from the Milwaukee test, the question presents itself, "How can a proper induction be made from such results?"

In answer, the application of the "theory of probabilities" presents a method of logical induction at once easy and sure. It must be admitted that the results obtained from the test will arise, either from chance, or special cause, or both. The

special cause in this case would be the presence of drugs in some of the vials, in quantities sufficient to enable their presence to become manifest by analysis, or by their physical action on the human economy.

To place the problem in its simplest form, ignore for the moment the operation of special cause. This would be to suppose the vials selected at random. Then having given as data the number of vials selected, and the true proportion of medicated vials in the entire lot chosen from, the theory of probabilities fixes—within narrow limits—the probable number of vials which would be found to contain medicated pellets

Now the real problem submitted by the Milwaukee Academy is this: *Can special cause* be found in the 30th to assist in the correct determination of the medicated vials? If so, where shall the probability of chance end, and special cause begin?

In applying the theory of probabilities, we must first determine what results would be obtained without the intervention of special cause, and then compare such results with the final results of the experiment. If the latter equal the former, the induction follows that special cause has been inoperative, or the determinations have been made by chance.

If the results of the experiment exceed those which should have been obtained by excluding special cause, the induction follows that special cause has aided in the determination of the medicated vials, and the strength of the induction increases as the results of the experiment more and more exceed the results, which should have obtained from the operation of chance alone. As an example: In the first test $\frac{1}{10}$ th of the vials contain medicated pellets; on the theory that the determinations are made by chance, 10 out of 100 should give correct answers. If the number of correct answers exceed 10, there is evidence justifying an induction in favor of the operation of special cause, and the value of the induction increases very rapidly, as the correct determinations more and more exceed 10.

Mere chance would give *nearly*

Once, out of	10 times,	15 correct answers out of 100
" "	100 "	18 " " " "
" "	1,000 "	20 " " " "
" "	10,000 "	22 " " " "
" "	10,000,000,000 "	30 " " " "

The induction would then be as follows: If the correct determinations out of 100 trials are 15; then the induction in

favor of special cause is 9 times stronger than the induction against special cause.

If 18 out of 100, the induction in favor is 99 times stronger than induction against.

If 20 out of 100, the induction in favor is 999 times stronger than induction against.

If 22 out of 100, the induction in favor is 9999 times stronger than induction against, etc., etc., etc.

From this it follows that 18 correct answers out of 100 would be exceedingly strong evidence for the existence of special cause. If on a repetition of the trial 18 correct answers were again obtained, the evidence in favor of special cause would be nearly 100 times greater, or there would then be nearly 10,000 probabilities in favor of special cause to 1 probability against.

If the test is fairly undertaken, the results will be so decided, one way or the other, that no reasonable doubt can remain, since, if special cause—or drug potency—is found to exist at all, it will give so great an excess of correct determinations, even after allowing a wide margin for imperfect diagnosis and observation on the part of some experimenters, that doubt will be impossible. While, on the other hand, if special cause does not exist, the number of correct determinations will fall within the values assigned to chance, which should with equal force establish the induction, that special cause does not exist.

For a masterly exposition of the theory of probabilities as involved in the "Probability of Induction," the reader is referred to the papers of Professor C. S. Pierce, *Popular Science Monthly*, 1878, entitled "Illustrations of the Logic of Science."

A CASE OF LUMBAR ABSCESS, ITS TREATMENT AND CURE.

BY W. J. MARTIN, M.D.,

PITTSBURGH, PA.

THE reading of Dr. Winslow's article in the May number of the *HAHNEMANNIAN MONTHLY*, entitled "Leaders to Blindness," stirred me to write up the following case for publication, not that I doubt the correctness of the position taken by Dr. Winslow, which may be all right as far as concerns the eye, but for the purpose of showing again, that affections classed as surgical are cured by patient and persistent adherence to internal medication, notwithstanding the fact that the "best skill"

of both schools of medicine say that operative measures only will be of avail, and for the purpose of adding one more to the many cases of this character already on record.

On June 22d, 1878, F. M., æt. 19 years, consulted me in reference to a swelling in the left lumbar region, which had developed gradually, and without any pain or cause, unless, as he said, moderate exercise on a horizontal bar was the cause. The swelling was pale, painless, and fluctuating, occupying the space between the last rib, the crest of the ilium, and the spinal column.

As the result of a fall some ten years ago, the patient now has an angular curvature of the spine in the upper dorsal region. Dr. Lee, of Philadelphia, an orthopedic surgeon of note, treated him during the time he had Pott's disease, the only evidence of the disease now being the deformity of the spine. His health for a number of years has been very good.

From a careful examination of the swelling for which I was consulted, and considering the history of the patient, a diagnosis was at once given of lumbar abscess. I concluded that some cause, perhaps the exercising on the horizontal bar, had caused irritation of some portion of the spinal column, resulting in caries of one or more of the vertebrae, the pus from which, accumulating in the lumbar region, produced the abscess at this point, instead of in the groin, as is more frequently the case.

Recognizing the grave nature of the case, if my diagnosis was correct, and feeling that I might be in error, I suggested a consultation with one of the best surgeons of our school, a physician whose judgment I consider second to no other man's in the profession. My diagnosis and treatment were fully indorsed, and the opinion expressed that an operation would probably be necessary to effect a cure.

Silicea³⁰ was the remedy the patient was on at this time.

On the following day (June 28th) the abscess was aspirated, eight ounces of rather thin odorless pus being obtained. A compress was placed over the site of the abscess, and a roller bandage applied firmly, yet not so tight as to cause discomfort.

On July 16th the aspirator was again used, this time withdrawing ten ounces of pus. No pain was complained of except a soreness along the crest of the ilium, probably from pressure, as it was entirely relieved after the removal of the contents of the abscess.

I now put the patient on *Calcareæ phosphoricæ*, twelfth decimal trituration, three powders per day. His general health,

instead of deteriorating, improved under this remedy; but in two weeks the abscess had become very large, and the aspirator again removed ten ounces of pus. The Calc. phos. was continued.

After two weeks the abscess was again aspirated, six ounces being all that could be obtained this time.

Taking with him a good supply of the Calc. phos. powders, the patient now went to Philadelphia, and consulted Professor Gross, whose diagnosis agreed with that already given in Pittsburgh; but Professor Gross proposed quite a different mode of treatment to that which I was using, and related to the patient the history of a similar case, the treatment of which (occupying a period of *sixteen months*) was published in the *Monthly Abstract of Medical Science*. He proposed to open up the abscess by a free incision, encase the patient in a plaster-of-Paris jacket, and inject the abscess with I know not what. Aspirating the tumor, he said, was useless, and he would not advise the using of any medicines whatever, depending entirely upon the operation to effect a cure. The patient, however, was not willing to be operated upon away from home, and having obtained that for which he sought, viz., a diagnosis and opinion from Dr. Gross, he spent a few weeks at the seashore, and returned home, his general health very good, and the abscess very large. September 10th it was aspirated, eight ounces of pus being removed, which had been four weeks in accumulating.

Just previous to this last aspiration a second consultation was held with the physician spoken of at the beginning of this article.

An early operation was advised, similar in character to that proposed by Dr. Gross, with the plaster-of-Paris jacket omitted.

The weather being exceedingly hot, it was deemed advisable by the consulting physician to delay the operation a few days until the thermometer should fall a little. Fortunately for the patient, as the sequel will show, the weather did not get cool very fast.

It had been his intention, I was now informed, to take a trip to Denver, Col., had this affliction not befallen him. Reviewing the case as I have narrated it, I could not but conclude that the medicine was conquering the disease; during the past four weeks less pus had accumulated than formerly in two weeks, and the general health was better than when the abscess was first observed. Under these circumstances the necessity for an operation, or any change whatever in the treatment, was not altogether apparent to me. I therefore

encouraged him to take his intended trip, which he did, taking with him powders of Calc. phos. sufficient to last him till his return, taking three a day.

After an absence of three weeks or more he returned; the abscess had not filled as much in those four weeks as it formerly had in one week; general health splendid. The aspirator was not used any more, nor, thank fortune, was the operation performed, but the internal medication was continued and the abscess grew less and less.

November 27th, my record says, "The abscess has entirely disappeared." Medicine was discontinued. The patient has had no signs of any return of the trouble since, and enjoys good health—*he is cured.*

SWILL MILK.

BY J. R. HAYNES, M.D.,
INDIANAPOLIS, IND.

(Read before the Indiana Institute of Homœopathy, May, 1879.)

By swill milk I wish to be understood as meaning, milk from cows which are fed in whole or in part upon the refuse of starch factories, distillery waste, brewery slops or grains, or any putrid or diseased food.

Having within the past two years examined a large number of specimens of milk, which were offered for sale in this city by milk dealers, or from milk wagons, I most reluctantly say, I have not seen a single specimen that has not been *tampered* with, or, in other words, that is pure and healthy milk from healthy cows.

Healthy milk as an article of food, no one will deny, is of vast importance to all classes of people. I need not here give the chemical and nutritive properties of pure milk from the different mammalia, for they can be found by any one in any of the textbooks upon the subject, but will give the results of my own examinations of some of the different kinds of milk, or the stuff which is sold as milk, in this city.

In pure milk you will find the perfectly round milk globules of different sizes floating in a yellowish fluid; the closeness or thinness of these milk cells depends very much upon the amount of the fluid put upon the slide under observation. Their varying size does not seem to be governed by any law; these forms are continuously in motion. This regular form and freedom of movement of the globules in the fluid in which

they are suspended, seems to be so constant in healthy milk as to justify the statement of many authorities, that any departure from this condition surely indicates disease; my own experience warrants such a conclusion. There is to be observed in healthy milk a constant motion, called the Brunonian movement, the globules dancing as if instinct with life. This motion is always present in healthy milk as long as it remains fluid on the slide.

In diseased milk I have frequently observed this motion to cease at once, or to be absent altogether when first placed under the microscope. The corpuscles would collect and stick together in groups, and seemed to be glued to the slide. Having devoted considerable attention to this subject, to the specimens of milk which are sold in this city, to the manner in which cows are fed, and the kind of food given to them to furnish milk for our citizens, I have concluded to make a few drawings of their food, and of a few specimens of the living soup which is daily sold to us as milk.

These drawings are magnified one thousand diameters, and speak for themselves. They are filled with broken-down, diseased tissue, and from three to ten different genera of animals and parasitical living forms, such as monads, bacteria, amœbæ, vibriones, micrococci, etc., are present, which live upon the putrid carcasses of the cows fed upon the leavings of the breweries, the starch factory, and the distillery.

When we examine the putrid substances used as food, we find the same animal and parasitic life, as is found in the milk sold in our city. The first drawing I present is what is called starch feed, and is sold to most of the dairies near the city, and is even carted thirty miles into the country, and through diseased cows comes back to us as pure country milk. It was taken from its receptacle, as it was being loaded into wagons to be carted to the cows, and mixed with distilled water, in a clean new bottle, and the drawing made immediately. The second drawing was made after fourteen hours, and the third after forty-eight hours. If you will look at the brewer's leavings, you will find the same animal life, sporting in countless millions, as in the former specimens, and as may be seen in the fluid which is sold to us as milk, after passing through the diseased mass commonly called the cow. That these cows are diseased, we have abundant evidence, for the same animal life is found in their blood and in their flesh, which has been sold in our market as beef, a drawing of which I present to you.

Here is another of the blood from a cow, which was fed upon the putrid mass called starch feed and brewer's grains. Many

of the corpuscles are broken down, as can be here recognized by the drawing.

Here is a specimen of milk which was taken fresh from the cow into a clean new bottle, thoroughly corked and wrapped up, and put upon the slide within two hours after leaving the cow. There is an abundance of broken-down diseased animal tissue, with no less than seven genera of animal and parasitical life. Here is another drawing of the same milk after eighteen hours. Here is another from another dairy, fresh from the cow, placed upon the slide within four hours. Another from another after the same time.

We now come to some of the living soup which is carted about the city and sold as milk. This, No. 1, is fresh milk from a milk wagon. It had undoubtedly been watered, as we discovered purely water insects in it. No. 2 is another specimen from another milk wagon. No. 3 is the same as No. 2, ten hours after obtaining it from the dealer. The next is the same milk after forty hours.

Another fruitful source of disease is the water supply. Cows are compelled to drink from goose-ponds, instead of from springs or running streams. Here are specimens of the water, where the dairy cows have been obliged to drink, for the last five years to my certain knowledge.

There is not the slightest doubt but that the germs of these organisms, found in swill milk, have their origin in the body of the animal which produces it, and neither heat nor cold has any power over them. This is the fact in all cases I have observed, in which the milk has been boiled or submitted to the freezing process. Putrefaction has been hurried by the operation, while the contrary is well known to be the fact in healthy milk.

It is well known that milk has been adulterated in all countries, and most if not all of these adulterations become noxious to human beings. I have found some specimens adulterated with bran water, rice water, glue and gum water; emulsions of the brains of sheep, hogs, and cattle are frequently used. New milk is mixed with old skim milk, and the standard brought up by the addition of some of these substances.

That milk can be poisoned, as well as impoverished, by the food given to the animal producing it, all authorities agree. Milk may be rendered poisonous to human beings through the aliment of the cow, without seeming to injure her by the process. This fact has been frequently noticed in all civilized countries.

Milk may be rendered unwholesome, or poisonous, or liable to pass into rapid putrefaction, or an unwholesome condition, by food deprived of one or more of its natural elements, or from the so-called "concentrated foods." The artificial methods of feeding operate more or less to the injury of the animal subjected to them, and in this way we get diseased milk from a legitimately diseased source. We depend upon natural productions for our existence, and in order that we may be healthy, these substances must exist in their natural state.

A number of instances of milk poisoning have come under my observation within the past two years, and I fully believe that one half of the infantile deaths in this city are caused by the use of this delectable swill milk. Several cases have come under my notice within the past two weeks, and I would caution all practitioners to look well to the food given to their little patients, and especially, should they be attacked with disturbed digestion, vomiting or diarrhœa, enlargement of the glands, especially of the neck, small blood boils, sore heads, etc. The face becomes pinched up and bluish, there is a starved appearance, a ravenous appetite for enormous quantities of food, which is soon ejected; the dejections and even the whole body of the child have a peculiar putrid smell; rapid emaciation ensues, skin becomes dry, harsh, and blue, the nose pinched, and there is continuous crying, enlarged abdomen, etc. When death closes the scene, the verdict of all scientific men must be, "Poisoned by Swill Milk."

A CURIOUS CASE OF DYSTOCIA.

BY A. R. BARRETT, M.D.,

RICHMOND, VIRGINIA.

UPON the night of May 10th I was called suddenly to see Mrs. —, who feared she was about to suffer from premature birth, caused by over exertion. She was a primipara, and said she was very near her time. She was suffering severe pains in the loins and back. Upon examination I found no dilatation of the os, but from the position of the child and the character of the pains, I diagnosed them as false pains. I left Caulophyl-lum, and directed them to send for me if she got any worse. On the evening of the 12th, about 6.30, I was called, and found labor evidently beginning; the os was dilated, pains were beginning to be expulsive, and upon examination I found all doing well and a vertex presentation. I noticed, however,

that the abdomen was unusually large, and particularly the upper portion, so I was prepared for twins. About 7 P.M., the head became engaged and passed properly, followed by the shoulders and body of the child as far as the umbilicus; there it stopped. The funis was prolapsed, and wound around the neck and body of the child. I immediately disengaged it, and then tried to assist in the delivery by traction upon the child. No amount of force seemed to have *any effect*. I passed my left hand up as far as the nates, and hooking my first and second finger made every effort to deliver, but without success. I then called in Dr. Joseph V. Hobson in consultation. Every effort was again made to relieve by traction, but without success. The child was now dead. It was thought that either the hips were attached at the superior strait, or that there were twins and that they were entangled at that point, but examination by inserting the hand failed to detect anything of the kind. We then amputated the child's body at the umbilicus, and performed version, bringing down the feet, but *no amount* of force by traction could deliver the hips. At this stage Dr. Cullen was called in. After he had made several unsuccessful attempts to deliver by traction, he proposed Cæsarian section. There was no deformity about the pelvis of the woman, so we were satisfied the trouble was with the child. We finally concluded to make a *thorough* examination of the contents of the uterus. This was done by passing in the hand to the fundus of the uterus, and there was felt a large mass completely filling the upper portion of the uterus, and attached to the right side near the fundus; the placenta of the child could be felt attached upon the left side. Upon tracing the mass down it was felt attached to the hips of the child by a ligament. Detachment was made from the uterus by the hands, and the lower extremities of the child, with the mass, delivered easily. It proved to be a degenerate ovum with a placental attachment, and consisted of a mass of oval-shaped lobes of fibrous tissue, from the size of a hen's egg to that of a goose egg, connected by membranous tissue. A few small hydatids were present amongst them; the mass was connected to the child by a strip of fibrous tissue, covered with integument, about four inches long and two inches in diameter. The whole growth weighed about four pounds. The child was well formed, and weighed about eight pounds. The mass was attached to the child near the left sacro-iliac synchondrosis. The mass and child were both enveloped in the same membranes. After delivery the pla-

centa was removed, the uterus contracted properly, and there was no hæmorrhage.

Everything progressed well, and under the use of the proper homœopathic remedies the woman has made rapid recovery.

PHILADELPHIA CORRESPONDENTS AND THE LESSONS OF HISTORY.

BY J. P. DAKE, M.D.,
NASHVILLE, TENN.

IN the May issue of the *HAHNEMANNIAN MONTHLY*, I endeavored to draw some useful lessons from the history of Homœopathy, as it has appeared and progressed in several of our Eastern cities. I distinctly stated that I was not aiming to deal with men so much as with measures; that I wished to show the results of different lines of policy, as adopted by the early practitioners and advocates of the new method of healing, in places admitting of comparisons. I was not endeavoring to write history as to individuals and particular events, but, assuming that to be understood, I did endeavor to cast upon a screen or to illustrate, some of the results involving the public interests of homœopathy.

Whether the history, as understood by me, was correct I do not propose here to discuss. I am quite willing to leave that question with those acquainted with the men and measures in the several cities referred to.

In regard to what has been written by my friend Dr. Lee, I will simply say that no feelings of "hate" and no "sinister influence" possessed me while writing of the leadership and policy of the homœopathic profession in Philadelphia. I could easily mention persons, places, dates, and events, were it necessary, proving all that I assumed to be true in regard to the history of Homœopathy in Philadelphia. I rejoice with Dr. Lee in the present efficiency of the County Society, and yet more in the workings of the Hahnemann Club, and the vigor of the Hahnemann College. And I am proud of the works of Williamson, Jeanes, Matthews, Semple, Gardner, James, Esrey, Reichhelm, and others, whom I loved while living, and whom I shall ever delight to remember as among the noblest of Philadelphia's dead. I know how they labored against the evils mentioned, so ruinous to the public interests of our cause in Philadelphia.

In regard to the communication of my friend Dr. James, I have only to say that, in giving the number of homœopathic physicians in his city, I followed the list published in the latest edition of Pettet's Directory. I am quite willing to stand corrected by Dr. James, and rejoice that so many physicians are practicing homœopathy in the Quaker City. As to the number of homœopathic dispensaries, I was informed, upon what seemed good authority, that there were but *three* known as public institutions, the balance being rather private enterprises, of transient character and limited charity. If I was misinformed, I am quite willing to stand corrected upon that point, also, by Dr. James.

As stated in the May issue, much good work has been done in Philadelphia, but not near what could have been done had the early policy been continued, and had the leadership of such men as Williamson, and Neidhard, and Matthews, and Kitchen, and James, and Jeanes, prevailed.

My purpose in writing "The Lessons of History in the Progress of American Homœopathy" is being accomplished, and good results will follow, whatever reflections may be cast upon me by friend or foe.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THIRTY-SECOND SESSION.

By the chain of waters from the North, and by the Tallyho coaches from Glen's Falls, the clans began to gather days before the appointed time, and when the 24th of June, the opening day, arrived, Fort William Henry Hotel, in the little village of Caldwell, at the head of Lake George, was the centre of a swarm of beings, men, women, and children, gray-haired veterans and youthful aspirants for medical distinction, matrons, spinsters, and maidens; the faithful and joyous, the doubters and cynics, all gathered from the thirty-six points of the compass to add their experience to the common stock, for the benefit of mankind and the honor of homœopathy.

The hotel is a magnificent building, with an immense dining-room and parlor, cosy reception rooms, and well-ventilated chambers. A piazza of imposing width extends the entire length of the front which faces towards the lake, and the location of the hotel upon the little knoll formerly occupied by the fort, affords a commanding view of the beautiful pellucid lake, the wooded isles, the villas nestling amongst the trees, and the grand rounded cones of the surrounding mountains.

To the left of the hotel a closer grouping of villas and cottages, even to the water's edge, indicated the principal village of the region ; to the right a low shore, a sandy road, and evergreen groves stretched in a crescent towards the picturesque cottage of Dr. Dowling, the rough ruins of Fort George, and the scattered forest hotels of Crosby side ; behind a rough road and steep ascent led to the Mountain House upon the commanding wooded summit of Mt. Prospect ; in front a decline extended to where boat landings and wharves, pretty boat-houses, tiny row-boats, and little excursion steamers fringed the shore line, and added much to the beauty and interest of the scene.

Nature has united in the Lake George region the harmonies of flowers and trees, the splendors of sparkling brooks and crystal depths of waters, and the grandeur of dislocated strata and rugged mountain spurs. Art has gone with the gentle touches of an artist's pencil o'er sweet Nature's face, and added rustic bridges and arbors, cosy dwellings and patches of green lawn, where they would be most effective, and the bell and whistle of the steamboat recall one from a contemplation of numberless beauties, and a retrospect of history, to the ceaseless activity of nineteenth century civilization.

While memory was busy with the events of 1757, and Chingachgook, Uncas, and Hawkeye in shadowy outlines seemed to creep along in the evergreen shade, a rude bell awoke the slumbering echoes of the hillside and brought us back to the happy throng upon the piazza and in the halls, and to the business which had called us together.

The large parlor of the hotel had been selected for the meeting, and was appropriately decorated with flowers, mottoes, and flags. An elevated stage at one end had desks and seats for the officers, and rows of chairs were placed across the room. Everything had been arranged in a perfect manner for the rapid transaction of business, and the thorough comfort of visitors, by the very efficient New York State Homœopathic Medical Society Committee, and Dr. Dowling, the special Committee of the Institute. Each member was ubiquitous, performing goodly offices, and Dr. Dowling especially distinguished himself as the kind, thoughtful Host of Horicon. The members of the Institute and their relations and friends accepted the lavish hospitality afforded with all the zest and abandon of children home from boarding-school, and beaming faces, joyous laughter, friendly greetings, and dignified discussion were noted on every side. Never had the Institute met at

so beautiful a place, and never had harmony and good-fellowship so thoroughly prevailed.

Promptly at the appointed time the President of the Institute, Dr. Conrad Wesselhoeft, dropped the gavel, and announced the opening of the Thirty-sixth Anniversary and Thirty-second Session of the American Institute of Homœopathy, and proceeded to deliver his opening address, which was a powerful appeal for scientific methods. The business of the meeting went on steadily; the Secretary offered his resignation, which was accepted, to take effect January 1st, 1880, and made a satisfactory explanation of the delay in issuing the Transactions. Reports of Committees and Bureaus, the reading of valuable papers, animated critical discussions, and scientific pleasantries filled the light-footed hours.

Tuesday evening the veterans had a quiet time to themselves in one of the parlors, and each received "a pipe a piece," which will be duly inscribed and placed in the home archives.

The evening of Wednesday everybody went on board the elegant, new, excursion-boat *Horicon*, which proceeded down the lake to Roger's Rock Hotel, where in idle rambles on the hillside, and singing by some of the ladies, a pleasant hour sped. "All aboard!" and away up the lake and between the fairy isles we sailed, by the slender crescent moonlight, awaking the echoes of Black Mountain by the mingled sounds of the dash of paddle-wheels, the shouts of laughter and song, and the music of the band. An excellent collation with mild exhilarants was served by efficient waiters, and lovers *tête-à-tête* and groups of sedate people, whispered soft nothings, discussed the "shop," or told yarns that only a marine would credit, while others danced within the cabin, until the wharf was reached and the happy load consigned to the corridors of the hotel.

The evening had been allotted for Dr. McManus to give us a history of his forty-two years' experience in homœopathy, but this was postponed until the session of 1880.

A very spirited election was held Thursday noon, and the result, with the names of the chairmen of bureaus, is presented here:

PRESIDENT.—T. P. WILSON, Cincinnati, O.

VICE-PRESIDENT.—GEO. A. HALL, Chicago, Ill.

SECRETARY.—J. C. BURGHES, Pittsburgh, Pa.

PROVISIONAL SECRETARY.—J. H. McCLELLAND, Pittsburgh, Pa.

TREASURER.—E. M. KELLOGG, New York City, N. Y.

Chairmen of Bureaus :

- SURGERY.—N. SCHNEIDER, Cleveland, O.
 ANATOMY AND PHYSIOLOGY.—H. B. VAN NORMAN, Cleveland, O.
 PSYCHOLOGICAL MEDICINE.—S. H. TALCOTT, Middletown, N. Y.
 GENERAL SANITARY SCIENCE, CLIMATOLOGY, AND HYGIENE.—A. R. WRIGHT, Buffalo, N. Y.
 MICROSCOPY AND HISTOLOGY.—C. P. ALLING, Bradford, Pa.
 MATERIA MEDICA, PHARMACY, AND PROVINGS.—J. P. DAKE, Nashville, Tenn.
 CLINICAL MEDICINE.—C. PEARSON, Washington, D. C.
 OBSTETRICS.—O. B. GAUSE, Philadelphia, Pa.
 GYNÆCOLOGY.—S. R. BECKWITH, Cincinnati, O.
 PÆDOLOGY.—W. H. JENNEY, Kansas City, Mo.
 OPHTHALMOLOGY, OTOTOLOGY, AND LARYNGOLOGY.—F. H. BOYNTON, New York City, N. Y.
 ORGANIZATION, REGISTRATION, AND STATISTICS.—I. T. TALBOT, Boston, Mass.

The annual banquet was held in the afternoon. The dining-hall and tables were handsomely decorated with flags, flowers, and mottoes, and a long table was spread across the hall for the veterans. The guests were almost all seated at the little tables around, when the martial sound of marching rose above the cadence of the music, and the veterans, officers, and distinguished visitors came in double file and took seats at the long table, as a round of hearty applause greeted them. In the middle sat President Wesselhœft, supported upon his left by Dr. Pope, of London, and upon his right by Dr. McManus. At one end sat Dr. J. P. Dake, supported by Drs. D. S. Smith and N. F. Cooke; at the other Dr. Ad. Lippe, with Drs. H. H. Hofmann and L. B. Wells. The rattle of dishes and silver, the animated conversation, the bright toilets of the ladies, the rustle of leaves in the trees which shaded the open windows, and the rise and fall of the distant music produced a feeling of pleasure and security; but, ever and anon, I glanced at the leafy branches, as if to see the accursed visage of a bloodthirsty Mingo scowling in upon us, or the countenance of Colonel Munro made anxious by the delay in reinforcements,—so strong was memory fastened to the past. But the morning discussion upon potencies had sharpened the appetite, and the clatter went on until coffee was served, when Secretary McClatchey arose, and in a neat speech announced his duty as Toast Master. The following toasts were presented :

1. *The memory of Samuel Hahnemann.*

This was drunk in silence, standing.

2. *In the family of Æsculapius a scandal arose, which was finally stifled by the marriage of Science and Therapeutics.*

Dr. A. E. Small responded: "Therapia was the nurse of

Æsculapius; she made love to everybody, and wished to get married. She consulted the stars, studied the aphorisms of Hippocrates, but abandoned them for the theories of Galen. She reviewed all the theories, and could not wed one of them, though she had a warm affection for Psyche. At length, after much tribulation and heartache, she saw the wonderful light streaming from *Similia similibus curantur*, another sun which appeared in the firmament of knowledge, made love right ardently, and was married to this Principle by Hahnemann, a high priest of Æsculapius.

* * * * *

‘Let no one make a stupid blunder,
And part this loving couple asunder.’”

Space does not permit a more extended report of this humorous and excellent speech, which awoke rounds of applause.

3. *Many dare but few can obtain knowledge.*

Dr. J. P. Dake said: “Hahnemann dared to investigate, and none more faithfully dared, and then announced the results of his daring. Those who meet here to-day are those who have dared and have succeeded, or they would not be present. We dare with the very best of feeling, and we dare to discuss the truth; fraternally we work and will work till the end. Around our table there are men who have been thirty years laborers in the vineyard, and have come here to exchange thought with their fellows. We trust these venerable men, some of whom are on the verge of the grave, and we hope equally as good men will come up from our young members to fill their places in an honorable manner. In future years others will come to take their places, and so on down the scroll of time.

“Notwithstanding all the sparks from the crossing of chivalric steel, I assert without fear of contradiction, that all is good feeling amongst us; we are a band of brothers. I am happy to inform you that one who has dared has gained honor, and I hold in my hands a telegram from Chicago, which announces that St. Ignatius College has conferred upon our honored Vice-President, Dr. N. F. Cooke, the honorary degree of LL.D.”

Prolonged applause so disturbed Dr. Cooke, that he blushed and stammered like a school-girl, and finally muttered “that he thought LL.D. must mean lamentably licked doctor, as he thought it a joke; he had stopped one day in Purgatory (Saratoga), and felt now as if he were in Heaven.”

4. *The American Institute of Homœopathy, By George!*
The President elect, DR. T. P. WILSON, said: “I only learned

recently that I was expected to give the history of the Horicon family. I suppose the profane history was intended, as it has no sacred history to speak of. I have been introduced to you by profanity—the American Institute by Lake George would have been religious. How can I, as a president in pin-feathers be so bold as to say, the American Institute, By George! The first settler of this region was a Mormon named Horicon; the first building he erected was the Fort William Henry Hotel; he then dug a hole and filled it with water, and gave it his name; the lake holds a picture of his genus. The Horicon family had a large number of descendants, and among them was one named Rogers, who loved truth. One day there was trouble in the Horicon family, the old man appeared upon the scene and said, ‘Rogers lied.’ He doubted his veracity; thought he had broken one of the ten commandments. The poor fellow mistook the sense of his paternal ancestor’s remark, and thought he said, ‘Rogers slide,’ so he slid and sank in the depths of the lake. All these mountains around us are monuments erected to the different members of the Horicon family. There’s no use following this thing further. One can’t exhaust history. We make a transit about as often as a transit of Venus, and we’ll come here every ten years. Wheresoever we are, whether in Indianapolis, Chicago, St. Louis, or New York, we will always be the American Institute of Homœopathy, By George!”

The applause which greeted this speech was loud and prolonged. We regret that it cannot be more fully reported.

5. *The Microscope; Homœopathy has nothing to fear from its revelations.* President CONRAD WESSELHÆFT arose and said: “These toasts were passed around some time ago, and I was just then considering an amendment, to reconsider an amendment of another amendment, that had been amended by reconsideration, so I did not get mine, and therefore you will get a dry response—dry toast. I suppose you know these toasts are passed around beforehand. I remember the story of the mite looking the reverse way through the microscope at man, and exclaiming:

“‘One sees the truth through this tube so tall,’
Said the mite as it squinted through it:
‘Man is not so wondrously big, after all,
If the mite-world only knew it.’

“‘Whether a thing is large or small,
Depends on the way you view it.’

“The microscope is a matter of fact instrument. You may not see what you hope to, but will perceive things as they are.

A mite recorded points in geology, histology, and therapia, and the widow refused to hand over the papers of Samuel Hahnemann; but we hope to get them some time."

This was well received and heartily encored.

6. *Our British Brethren.* We have a Pope here in America, a genuine British Leo. DR. ALFRED C. POPE, of London, England, responded: "Ladies and Gentlemen,—I am glad of the honor of addressing you, and thank you for the very kind and magnificent reception tendered me, which I feel is not so much intended for myself, as for the British Homœopathic Society which I represent. My visit here has been one of deepest interest and pleasure. I have always been interested in the professional work of the United States; here I see the faces of men whose papers I have read, and I shall go home and read the essays of those I have been fortunate enough to meet, with renewed interest.

"The British Homœopathic Society holds its annual meeting to-day; the address has been delivered by Dr. Hatton, a friend of Quin, and his subject was the Life of Dr. Quin,—the life of a great man and a good homœopath. I saw the address, and some of the letters appended were of great interest to homœopathy.

"The International Homœopathic Congress will be held in 1881, about two years from this month. Dr. Hughes is chairman of the Committee of Arrangements, and he is very active, and trying to make it as successful as your World's Convention of 1876. The session will last four days, beginning about June 29th, and will be held in one of the magnificent London Club Houses. Besides papers and discussions, many interesting cases will be presented *in propria persona*, and the meeting will be of great interest. London will then be in the full tide of business and fashion, and arrangements will be made so that visitors may see all the varied sights of the Great Metropolis. We hope to have the pleasure of entertaining a great many visitors from the United States.

"I thank you again for your kind reception."

Long applause, and no question raised of this Pope's infallibility.

7. *The American Ophthalmological and Otological Society.*—*Sharp Fellows.*—DR. GEORGE S. NORTON arose and said: "Ladies and Gentlemen,—The toast-master has called us sharp fellows. Do we merit it? It is only a decade since we began to have homœopathic specialties. We are devoted to the Ophthalmological and Otological Society in order to advance the

cause of *similia*. Now nearly every town and city has trained specialists. See what rapid progress has been made in our special literature and therapeutics.

"Our society was founded two years ago, and held its first meeting at Put-in-Bay last year. Many excellent papers were presented, and our Transactions received praise from both schools of medicine. This year we have more and better papers. Our object is to aid the Institute, to instruct for special work. We are a child of the Institute, and we trust our society may become an eye to unveil the mysteries of disease, an ear through which advances may vibrate." Applause.

8. *The New York State Society.*—DR. A. S. COUCH responded: "Ladies and Gentlemen,—I get a powerful appeal, and I will not appeal to you. We have an honest representative from England, and I want him to know we do not think too much of our society, not to acknowledge gratefully the salutations of the American Institute of Homœopathy, the largest and ablest representative body of our profession in the world. The New York Society receives it, as her just due, because she has done something for the cause. She embraces resplendent names and earnest workers. One of our practical fruits is the Middletown Asylum for the Insane. Our society may be improved. There has been amongst its members an epidemic of personal fever, with symptoms of mental diplopia, and hemipopia. We have strange ways of working in our society. Some use giant powder and blow their patients over the river; others use such small doses that they go over the river from impatience at waiting. We can't change, and we let the army load with what they please, provided they use Hahnemannian ammunition. We let them load and fire at will, but insist upon the muzzles being pointed towards the enemy. We want some aphorisms amongst them. Better to win a victory over one's self, than over some other self. Better go against a wall of ignorance than against a brother. We want more science and less contention. We send a message across the water to all those who love Homœopathy and the Lord, to practice, *in certis unitas, in dubiis libertas, in omnibus charitas.*" Continuous applause for some minutes.

The Institute now removed to the parlor, and toasts were continued.

9. *The History of Fort William Henry, in 1755 and 1879.*—DR. E. U. JONES said: "This call was unexpected, and has taken the wind out of my sails. In the other room I had all the men of '55 about me, but here they are all scattered.

"On the morning of the 8th of September, 1755, a fort, which occupied this spot, was garrisoned by an English detachment and a few Indian allies. Among the latter was a chief named Hendricks. It was learned that the French and Indians were approaching the fort, and a force was detailed to go out and attack them. Hendricks made a speech to his followers just before the sortie, which an eye-witness, who could not understand the language, judged from the chief's flashing eyes and gestures, and the effect upon the men, to be most eloquent and powerful. The French and their dusky friends advanced to the Halfway House location, and then formed in crescent line in the cover of the woods. Colonel Williams, who had come out of the fort with two hundred and fifty men, and a band of Indians, marched into the hollow of the crescent, a perfect ambush. The whole force was massacred, and their bodies were thrown into Bloody Pond, which you will see on the left of the road going to Glen's Falls. To the right may be seen the monument erected upon the spot where Colonel Williams fell, and nearer the road, a large stone painted red, where Hendricks gave up his life for his pale-faced friends.

"In 1757, Fort William Henry was surrendered by Colonel Munro, and his men were, many of them, killed on the march to Fort Edward, by the allies of Montcalm, while the treacherous French general remained passive in camp. Hendricks had been to England, and was a shrewd specimen of red men. It is related that, when he was with General Johnson, he coveted one of his uniform coats, and told Johnson that he had dreamed the coat was given to him. Johnson gave him the coat. Some time after, when they were in the Mohawk Valley, Colonel Johnson told Hendricks that he had dreamed that his red brother gave him one hundred thousand acres of land. The chief gave him the land, but said, 'White brother must not dream any more.'" Applause.

10. *Lake George*.—DR. J. W. DOWLING said: "Ladies and Gentlemen,—I can't tell you the pleasure this meeting has given me. When last year at Put-in-Bay I named Lake George, I felt that I could make you happy here, and feeling that, if I fell short, I had a little eleven year old girl, who would help to entertain you, for she was a perfect little hostess. When I told her the Institute would meet here, she sprang into my arms, threw her arms about my neck and said, 'Oh, papa, won't we have a joyous time?' For ten long months she looked forward to this time with ardent expectation, then she became ill, and two months ago, after horrible suffering, she died, and I was crushed, suffocated.

"But God does all things well. It seems as if He had made this occasion to take me out of my despondency, to make me forget my grief. Could we have had pleasanter weather, more learned men, or more beautiful ladies here? Could we have had a pleasanter time? All *must* be happy here. I am an enthusiast on Lac du St. Sacrement, Lake George, or Horicon, as you prefer. There is no more beautiful spot on earth. It seems as if, after God had made the world, He said: 'Let there be one spot combining everything beautiful in nature,—mountains, lakes, rivulets, trees, shrubs, and flower-bespangled valleys;' and then He made the Lake Horicon region and said, 'Here let the mental and physical sick come and find rest and peace.' Then, as adjuncts to Lake George for emergencies, He created the great medicinal springs of Ballston and Saratoga. You have been through the lake and seen the 365 islands—one a day—and leap-year an extra one appears and blooms, the birds build their nests upon it, and boys camp upon it; but the 31st day of December, at exactly midnight, it sinks beneath the waters for a four years' rest. You have seen the mountains, but you have not felt them; you should climb them to appreciate their height. Black Mountain is five miles from base to summit, and one mile from summit to base,—I speak from experience; I went up horseback last year, and I have not sat down with comfort since. All should visit the top; the impression is vivid and enduring. When you die you will remember Horicon. When I found a speech was expected from me, I went around hunting for material, and found it in the office, so I will read some of it to you.

"'Lake George stands unrivalled as a summer resort. Nestling in a basin scooped out of one of the most lovely spots upon the surface of this our globe; hemmed in by mountains, meadows, plains, and valleys; clad in robes of regal, ever-varying splendor; resting like a sheet of molten silver high above the sea-level; dotted with fairy isles that glitter like emeralds in the summer sunlight, and seem to float upon the bosom of this silvery lake like varying gems of nature; its translucent waters sending up pictures from its lowest depths to meet the charming scenes that lie reflected on the borders of this lovely mirror, framed and set in nature's choicest brilliants. The very air and sky seem to catch the inspiration of the wondrous scenes, and sunrise, noon, and sunset are alike beautiful.'

"Now in behalf of the Committees of Arrangement, I thank you for your expressions of gratitude for our efforts to please. We hope you will carry away pleasant feelings and happy memories of Lake George and the American Institute of Homœopathy." [Thundering applause, long continued.]

11. *The Ladies, God Bless Them.* DR. N. F. COOKE was called upon. "Ladies and Gentlemen,—This is the meanest thing; the idea of my making a speech; fact is—this is real true—an innocent man behind me just told me I was to speak. I was just preparing a speech, when Dr. Dowling interrupted me. This speech is to be upon the ladies, not on the Dowlings; I am coming out on this whole darling family. I had begun my speech in rhyme, and got so far:

"The ladies went on the lake,
And many lost their steak,
* * * *

when that man addressed me, so I must give an extemporaneous one now.

"It is always the ladies who inspire us, who smile and help us to do our best on all occasions. If any truth is precious (besides Divine truth), a man without a woman is only half a man. In New York City I once declaimed against admitting women to the Institute; the next session was held in Boston, and because I did not go, they got in there. I am glad I did not go to Boston, now. I have something to say confidentially—and when I want to be confidential I select a great many women—I have lost my popularity. Didn't the Institute elect me Vice-President last year? Look at what a vote I got to-day. Horace said this first when Horicon came here: Does any one affirm, I affirm. Does any one deny, I deny. That will make me popular again."

The Doctor caused considerable laughter, and was frequently applauded.

DR. DOWLING arose and said: "Mr. President,—Do I owe an apology on account of this moon. I saw a new moon distinctly on the 24th day of June. Complaints have been received from old bachelors and married men without their wives, they could not see a moon six days old."

Applause and much merriment.

12. *Fort William Henry Hotel.* MR. T. ROESSLE replied to this toast: "I thank you all. I am about nine hundred years old. I came here in 1834, from Paris; then New York City reached to Canal Street. I have danced on the site of the Fifth Avenue Hotel. I arrived in Albany in 1835, full of ambition and ignorant of English. I got acquainted with the celebrated Peter Winslow and other doctors. There were thirteen there then; now there are three hundred, and most all are homeopaths. I studied medicine; made plasters and

asafoetida pills. I have been blistered, salivated, and bled; my liver has been stirred, and my kidneys riddled, because it was in dark days, when the old fellows were supposed to have wisdom. I was subject to dumb ague, had fearful attacks—none could cure me. I took quinine, and cholagogues, and cathartics. I kept the Delavan then, in 1851. One was there who is now here, and I told him I had ague worse than the Old Harry with his horns on. He said, 'I will send you some little pills; take four of them four times a day.' I took them and was cured; the man who was there then, is here now; I mean Dr. Jones, of Albany.

"You don't know how homœopathy is favored by the people; if I had no homœopathic doctor here I would have to close my house. I have been skinned and massacred, and Dr. Jones saved me, and now I take him with me. I was too much a man for quinine, but arsenic saved me. I had an allopathic doctor for dumb ague last year; asked him for arsenic, and he gave me a dose which nearly killed me. The allopath now carries his medicine in his pocket, and don't give any more asafoetida pills. We don't get any more dog and cow medicine, but get along fine on little doses. When I came from Albany I took pneumonia, and Dr. Jones's son came and gave me Aconite and cured me. In 1828 a German doctor cured a man who spent \$9000 a year. People used to take half a peck of asafoetida pills and stomach plasters.

"I am grateful, and a whole world is grateful that has been cured by you. I thank you, and hope you'll always feel as happy as you've felt here."

Feeble applause on the corridor.

DR. CUSHING, of Lynn, Massachusetts, read a poem, entitled "*Pomum Adami*," which was well received, but is too long to present here.

This closed the banquet proceedings; the hall was brilliantly lighted, the musicians now struck up a polka, the hop commenced, and went on with brilliancy and éclat until midnight, while refreshments were served at will in the dining-room.

The fourth day many of the members departed early, and only about two dozen persons attended the session, though many were taking excursions upon the lake, or strolling around on the mountains.

The business of the remaining bureaus, committees, etc., was quickly disposed of. Votes of thanks were passed to the Committees of Arrangements, to the New York State Society, the Delaware and Hudson Railroad Company, and the Lake George Steamboat Company.

An amendment to the "By-laws" was introduced and passed, that 'hereafter the election of officers for the ensuing year, and the determination of the place of meeting, shall be held at 12 o'clock noon, the last day of the session.'

A vote of thanks was now passed to the officers of the Institute, and President Wesselhœft made a brief farewell speech, when the motion to adjourn was made and carried, and the President declared the Institute adjourned.

After dinner some of the members went away to the North, and about eighty were stored inside and piled all over the outside of four Tallyho Coaches in front of the hotel. Three cheers were given with a will for "Lake George," "Our Britisher," and "Dr. Dowling, the host of Horicon," and with songs, jest, and laughter, the vehicles sped away from Fort William Henry Hotel, and the fair faces, waving handkerchiefs and hats along the corridor, while a New York City bachelor beat $\frac{5}{8}$ time with his umbrella in the tortured air above the leading coach.—ED.

OPEN LETTER TO SAMUEL POTTER, M.D.

I HAVE read, in the June HAHNEMANNIAN, the paper on "The Logical Basis of the High Potency Question." Not having the pleasure of your personal acquaintance, I must ask you to pardon my familiarity, in saying that you are a man after my own heart; not because you are evidently a low "potency" man, but rather because you bring your medical principles to the bar of reason and logic, a custom all too rare among medical men, homœopathists especially. Your temerity, however, is amazing. Have you no conception of the nature of the dangerous elements you have invoked? Hail, dunder and blitzen, cyclones, volcanoes, earthquakes, tidal waves, profanity, scurrility, "open letters," and nitroglycerin; yet one thing you need *not fear*, and that is logic. Your opponents are too sharp to take the field in strange armor, or to fight with unknown weapons.

Your article ought to be widely read. It is high time that the origin and the basis (?) of some of the so-called "doctrines of homœopathy," which have done, and are doing, so much to retard the progress of our system, should be thoroughly and universally known. There are hundreds of homœopathic physicians who have all along been deceived with the idea that these "principles" were constructed on a foundation of prelim-

inary observation and experiment, nor dream that they had their origin, some in the purest and most baseless speculation, some in a desire for cheap notoriety, and some in a lofty ambition to defy the adverse criticism of allopathy and allopathists to the last extreme degree. Until these facts are made plain to all our colleagues, and homœopathy subjects her doctrines, one and all, to the test of rational experiment, and verifies them by positive demonstration in the presence of hostile critics, we cannot expect or ask that our system should receive a general public, much less a scientific recognition. When that is done, the very natural prejudice with which we now have to contend will rapidly disappear, and the final result of the rivalry between the two schools will be no longer doubtful.

The writer has never been foolhardy enough to declare that, the use of high potencies cannot be instrumental in curing disease, any more than he would make a similar assertion respecting clairvoyance, mesmerism, triturerated moonshine, or any other unlikely thing. But I am ready to go on record *with you* upon the following

PLATFORM OF PRINCIPLES RESPECTING HIGH "POTENCIES:"

First. That the doctrine of "dynamization," as understood by high-potency homœopathists, is not sustained, or even encouraged, by a single fact yet discovered in the whole range of physical science.

Second. That the latest investigations in physics render it probable that matter cannot be diluted beyond the tenth or twelfth centesimal.

Third. That (consequently) it is probable that no dilution above the tenth or twelfth centesimal contains either the material presence, or the dynamic property of the drug employed in its preparation.

Fourth. That in view of the *probability* that dilutions above the tenth or twelfth contain neither the material nor the properties of the original drug, their regular use is not warranted, until they shall have been subjected to the most thorough and exhaustive crucial tests that human ingenuity can devise.

Fifth. That until high dilutions are *shown* to be capable of curing as regularly, as certainly, and as quickly as do appreciable quantities of medicine, their use is not justifiable in any case until after a lower dilution has been tried without success.

Sixth. That no cure effected with any potency above the twelfth can claim to be homœopathic, because there is no

evidence that the remedy administered contained any portion or property of the *similimum*. Such cures must, *for the present*, stand beside those occurring under the influence of clairvoyance, mesmerism, spiritualism, and other occult agencies.

Your paper is exactly in the line of a good deal of modern homœopathic thought, and is, therefore, timely. It will accomplish much in directing our young men into the only correct methods of therapeutic investigation. It *ought* also to do good by showing our high-potency friends that, if they are actuated by the true spirit of reform, they will avail themselves of every possible chance to demonstrate the truth of their opinions so conclusively that all of us will be forced to accept them. No considerations of pride, no false idea of personal dignity can exempt the true reformer from the duty of promulgating his new doctrines at every opportunity. He must be "*instant, in season, out of season.*" The Milwaukee test furnishes an occasion, which ought to be made the most of.

Besides the "high potency" question, my dear doctor, there are others looming up for our examination in the near future. One is: Can a drug be persuaded to hasten its curative action simply because the case is urgent or desperate? Another is: Where, oh, where *is* the line between the broad realm, where the law of similars wields the sceptre of its beneficent empire, and that other contracted field of disease and of accident, over which it has no control? *I* tried to answer this latter question in 1872, and whew! what a tornado I aroused! An *ill* wind that blew *nobody* any good. That's what makes me tremble for *you*.

You have shown our "high potentates" that the evidence they furnish in favor of their methods of practice is deficient, not in quantity but in quality. You might also have pointed out to them that any single "potency" of the different drugs would require for its proper testing and experimentation, at least one year of the undivided attention of the whole profession; that, if the eighty years of the existence of homœopathy had all been devoted to this work, we should still be below the one hundredth dilution, and that, therefore, the indiscriminate use of the high dilutions, with our present limited knowledge of their potency, is rash beyond measure.

Respectfully yours,

PEMBERTON DUDLEY, M.D.

PHILADELPHIA, PA.

OUR ENGLISH LETTER.

EDITOR OF HAHNEMANNIAN:

Four inches of snow on Easter morning is happily not a usual state of affairs in this country, great as is the variety in weather we enjoy, but this was pretty generally the case all over the land this year. The severe winter and spring has told heavily on those at either end of the journey of life. The rate of mortality amongst children and the aged has been very high. The fact is, we are so unaccustomed to prolonged low temperature, that when it comes we are quite unprepared for it. Our houses are not made to resist cold. Norwegians and Russians, staying here, complain bitterly of our winters. At home they have their double windows, and stoves all over their houses—institutions of which our houses, with few exceptions, are quite innocent. We trust to our ordinary fire-grates, no attempt is made to heat our halls and passages, and bedroom fires are regarded as extravagant and luxurious. The consequence is, when the severe weather does come, we are half frozen in passing from one room to another, and unless we are very strong, we suffer more or less from the ordinary effects of chills. This circumstance has no doubt had its share in producing a high death-rate, and the widespread distress throughout the country has done much to help. Food and fuel are very good weapons to fight cold with, and when they are lacking, the chances are all in favor of the cold.

The annual meeting of the governors and subscribers of the London Homœopathic Hospital took place on the 8th of last month, and the report was very encouraging. The ordinary meeting passed off very successfully, and was followed by a special general meeting, called to consider certain points, and amongst others the advisability of setting apart a certain number of beds for paying patients. It was decided eventually that it should be tried for one year as an experiment. There was only one voice raised strongly against the scheme, that of Dr. Hamilton, who urged that it was not advisable to mix up a purely charitable with a paying concern. The arguments in favor of the scheme were plausible enough; but the greatest objection of all was not stated, an objection which it seems to me will settle the fate of the experiment before it has been very long tried. I allude to the effect it will have on the *discipline* of the hospital. An ordinary hospital patient knows very well

there are certain rules to be conformed with, certain persons to be obeyed, so long as he remains. The nurse of the ward is the embodiment of authority, and her word is law. But when patients pay, if they are not too ill to think, they look upon themselves as superior to the rest, take on airs, and consider they have a right to order the nurses about, and so endless unpleasantness results. It is scarcely to be expected that this should occur to the minds of the "grave and reverend seniors" who so generously devote their time and means to the work of hospital management, but it would at once strike one intimately acquainted with the working of hospitals.

The London School of Homœopathy has also had its annual meeting, and one bone of contention has been disposed of. After this year the annual contribution from the funds of the school to the expenses of the hospital is to be discontinued. There was, however, a little skirmishing over another matter. The Hon. Secretary, in the report, had stated the advisability of issuing certificates to students who had attended the lectures and passed an examination. The certificate was to be analogous to the L. M. (licentiate in midwifery), which is taken by many men in addition to the ordinary degrees, and which is quite optional. The feeling against this proposition was strong, and it was withdrawn. The chief objection was stated by Dr. Dudgeon, that it would be virtually accepting the sectarian position that has been put upon us by the Allopaths. Dr. Drysdale relieved his mind in a warm but not very pointed onslaught on the aims and attainments of the school, and ventilated his pet idea of obtaining State recognition of our lectures. Eventually, a committee of five was appointed "for the purpose of finding the best means of obtaining recognition for our lectures by the present and future licensing bodies."

Sincerely yours,

DR. JOHN H. CLARKE.

IPSWICH, May, 1879.

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

WM. H. WINSLOW, PH.D., M.D.,
EDITOR.

Vol. I.

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No. 8.

Editorial Department.

THE AMERICAN INSTITUTE OF HOMŒOPATHY meeting at Lake George was a grand success, and those who were present will long refer to it as a green oasis in the desert of professional life. The Eastern men turned out in force, which made the paucity of Western men more painfully apparent, though we had some powerful writers and speakers from that section. Notwithstanding preponderance in numbers from the older States, a generous consideration gave the two highest offices to Occidental members, and selected the next place of meeting at their doors.

Long faithful service in the Institute has its reward, and it was this that brought Dr. Wilson his strength, and gave him the right to the Presidential honor.

The papers presented were both scientific and scholarly; there was no shuffling to avoid conflict with dogmas, nor evasion of vital questions to flatter individuals. The writers expressed their convictions, and labored to establish the truth of their positions by legitimate processes. Sophistry was at a discount, and logic and truth triumphant.

For the first time in its history, the Institute, by an overwhelming majority, announced its purpose to proceed to the establishment of homœopathy upon a scientific basis *by the methods of science*, and placed its foot upon theoretical speculation and mysticism.

For the first time the pure scientist and prescriber of substance was left untaunted by partial quotations from "the master," and howls of "read the Organon" and "my cures"

were not paraded, as a *sine quâ non* in argument. The low and high potency men were willing to concede merit to each other, and an attempt to ostracise a gentleman for his opinions was crushed, as with the heel of despotism.

The Institute, by Lac du St. Sacrement, took communion together—had a regular “love feast,” and smoked the “pipe of peace.” Henceforth, as a strongly united national body of educated men, they will march shoulder to shoulder in their efforts to harmonize the brotherhood, and to eliminate from the best system of medicine the world has ever had, the fancies, assumptions, and errors, which ignorance, blindness, treachery, and fanaticism have grafted upon its beautiful branches.

The Institute was graced and enlivened by a host of ladies and children from all parts of the country, and to their presence was due a great deal of the pleasure and success of the occasion.

We regret the necessity of alluding to a matter, which, for the sake of the Committees of Arrangement, which did everything possible to contribute to the comfort and happiness of those present, we would gladly avoid; but prevision for our meetings, and stern justice demand, that the conduct of the hotel should be reviewed.

The landlord seemed to consider that he did the Institute a great favor entertaining it, and one of the clerks behaved in an insolent and outrageous manner. It was clearly shown by many facts that, the poorest rooms in the house were allotted to members of the Institute and their families, beginning from the superior posterior stories and working downwards. No attention was paid to many letters that had been sent long in advance to secure rooms; in fact, those who had written seemed to fare the worst; persons were put in the fifth story when there were unoccupied rooms lower down, and, when the facts were presented, the supercilious image of a man who allotted most of the rooms, denied his partiality, and contradicted a lady flatly. One lady was sent to a room and found a gentleman therein making his toilet, and other guests were sent to rooms, which were already occupied. Worse than all, baggage and wearing apparel were removed from rooms and placed in poorer ones, without the knowledge or consent of the owner.

If the aforesaid clerk “understood his business,” as he so pompously asserted, he evidently did not understand his employer’s interests. The American Institute of Homœopathy contains gentlemen, who know when they are imposed upon,

and they do not intend that any of its members shall be insulted and abused.

The long, tiresome, vulgar speech made before the members, at the termination of the banquet, by the proprietor, when he should have been looking after his clerks and scullions, was "a sop thrown to Cerberus," a tickler of vanity which fell on waste soil. Men, women and children left in disgust at the coarse allusions to pills, plasters, and the speaker's personal complaints, and, though he roundly abused allopathic physicians, and asserted his belief in homœopathy, the thing was too diaphanous, his ears were visible. If reports are to be trusted, the Institute was little better treated at Washington, D. C.

We should take warning by this year's experience, and bestow the Institute patronage upon establishments, which are conducted in an impartial manner, and where they will be grateful for our support and influence.

DR. ALFRED C. POPE, of London, England, senior editor of *The Homœopathic Review*, and representative of The British Homœopathic Society, has been visiting amongst us for six weeks. At Boston, New York, Philadelphia, Pittsburgh, Chicago, Cleveland, and Lake George he was received by medical societies and leading members of the profession, and learned a great deal of our social and professional life. His route embraced very much of our most exquisite scenery; and the grandeur of Niagara, and the more extensive and quieter beauty of the Hudson River, awoke a genuine and hearty enthusiasm. He was deeply impressed by the general efficiency of our fire departments, and the sagacity of the trained horses, and enjoyed our smooth railroads, sleeping-cars, and palace steamboats with all the ardor of a true Anglo-Saxon. At the meeting of the American Institute of Homœopathy, the presence of so distinguished a stranger lent unusual interest to the occasion, and his quiet manners, pleasant address, lively interest in persons and proceedings, and thorough appreciation of humor and Americanisms added much to the pleasure of all. Notwithstanding the fatigue incident to his rapid travelling, and meeting and greeting so many strangers, he snatched the time from sleep to prepare a paper, which he read before the Institute, that was so highly appreciated that one thousand copies will be prepared for circulation, and it will be printed in the Proceedings. He came among us to study our institutions and to

become better acquainted with his trans-Atlantic cousins, but also with a desire for that rest and recreation, which his thirty years of active professional life imperatively demanded.

Though we are gratified by the widespread recognition of his personal worth, and the distinction which was accorded him as a representative of homœopathy and of the British Homœopathic Society, we feel that he was defrauded of rest and refreshment, "those things which are requisite and necessary as well for the body as the soul."

We hope that, freighted with pleasant memories, his homeward voyage o'er summer seas will restore him to perfect physical health, that he may give us his impressions of the United States in *The Homœopathic Review*, and long survive to fight for the cause of *similia* in his own beloved Britain.

IN another place will be found a report of the social aspects of the Institute meeting; by custom and law, the scientific report is the sole property of the body, and only allowed to be printed in the Transactions. We took the speeches long-hand upon scraps of paper, and ask charity for any slight errors or omissions, as they are correct in the main.

ANOTHER epidemic of yellow fever is impending, and crowds of people are leaving the stricken cities. There is no doubt now of its indigenous origin, as so ably maintained by Dr. Falligant last year against the other members of the Congressional Committee, and it would have been better for them had they listened to his well-matured convictions. The sanitary authorities are gravely culpable, and the people now reap the fruits of avarice.

CALLING names, and abusing the editor and the journal, will not make the HAHNEMANNIAN a low nor a high potency organ, a mouthpiece for eclectics nor a foot-ball for pure Hahnemannians. Our space is filled by scholarly articles upon all sides, that truth may be determined, and homœopathy purified. It is a test of broad culture when men enjoy reading an article which militates against their own peculiar views. *Digni sunt amicitia.*

Book Department.

We Dissert Books, not Authors.

THE PRINCIPLES OF LIGHT AND COLOR. By EDWIN D. BABBITT. New York: Babbitt & Co. 1878.

This is a ponderous volume, issued in the best style of the publisher's art. It contains 576 quarto pages, 203 photo-engravings, and 4 large beautifully colored plates. The subject-matter is worthy of the expense and labor bestowed upon the volume, for they are subjects that have exercised the best thoughts of Newton, Brewster, Faraday, and Tyndall. The volume is a monument of industry, patience, and research, and Mr. Babbitt himself almost a miracle as a speculative and inventive genius. This book is no mere rehash of the opinions of the great minds that have investigated the principles of light and color, for Mr. Babbitt thinks for himself, and we believe that no philosopher has examined and discussed these matters with more shrewdness, boldness, and thoroughness than he. At the same time that we thus accord this good word to Mr. Babbitt, we are not prepared to assent to all that he lays down. The subjects are too abstruse in themselves, their principles are still too much matters of mere speculation to justify one in espousing any very decided opinions at present.

Our author discusses many interesting topics in this volume, such as the Harmonic Laws of the Universe, the Etherio-Atomic Philosophy of Force, the Sources of Light, Chromo-Chemistry, Chromo-Philosophy, Chromo-Dynamics, etc. We have room in this review to speak particularly of only one or two. One of the boldest and most original of these discussions is the subject of atoms. "Atoms," says he, "are the primary and indivisible particles of things." They are too small to be seen by the human eye; so extremely minute are they that, as Gaudin calculates, it would require eight sextillions of them to make a bulk the size of a pin's head; and this is a number so vast that if measured off at the rate of a million a second, it would take over two hundred and fifty millions of years to complete the task. Such numbers transcend all human comprehension. Yet it is these bodies, so minute as never to have been seen by the human eye, so infinitesimal as to elude human conception, that our author, reasoning from analogy, ventures to figure and describe with as much confidence and clearness as though they were matters of every-day cognizance.

He does not consider them as globular, as most philosophers do, but as ovoid in shape, and entwined and penetrated by a helix of atomic force. This ovoid, he remarks, "is evidently more or less oblate or flattened," for the reason partly that it would combine more readily to form layers of matter, and partly because it would most readily assume that form. His reasoning here is entitled to consideration. It is ingenious, bold, and plausible, and far enough removed from the ludicrous theory generally taught, that atoms are not only spherical in form, but that they are situated relatively to each other at distances correspondingly as great as those which separate the planets of the solar system.

A chapter which we think would be of interest to the readers of this journal is that entitled "Chromo-Therapeutics, or Chromopathy." This chapter embraces such topics as The Healing Power of Color; Healing Power of Red; Healing Power of Red Light; Healing Power of Yellow and Orange; Yellow the Principal Color, or Red in Drastic Purgatives; Healing Power of Blue and Violet; The Hygiene of Color in Dress, etc. As proof of the healing power of red, he instances the balsam of Peru, Cayenne pepper, cloves, bromine, preparations of iron, red cedar, alcohol, etc. As to yellow, the principal color, or red in drastic purgatives, he names podophyllum, senna, colocynth, copaiba, figs, olive oil, sulphur, Cape aloes, gamboge, rhubarb, etc. Having established the principle so far as the colors of drugs are concerned, "we may be sure," he says, "from the unity that reigns throughout nature, that the same principle in sunlight and everywhere else must produce similar results, the difference being that fine elements like the sunlight are more penetrating, safe, and enduring than coarse drugs." This naturally leads him into a discussion of the influence of colored light in disease. He warmly advocates the "blue glass" theory, expanding it, however, to glass of other colors also, and cites many wonderful cures wrought by rays of colored light; which cures, however fanciful they may appear to some, to others seem at least as substantial as those wrought by the thirtieth potency.

Mr. Babbitt's book is such a mine of intellectual and scientific wealth and research that we can only very faintly indicate its character within the limits of a book notice. To the serious reader it will furnish much food for thought, and to such we recommend it, with the caution that there is clearly some chaff mingled with the wheat, and that it would be well to winnow carefully as he proceeds.

T. J. C.

GENIUS OF THE HOMŒOPATHIC HEALING ART. BY S. HAHNEMANN. Translated by DR. AD. LIPPE. Philadelphia, 1878.

In the *Organon*, from which this pamphlet is reprinted, Dr. Lippe stated that the paper had never been translated into English before. In a foot-note to the pamphlet edition he modifies his Hand Organ(on) statement, crediting Dr. Gram, of New York, with a translation in 1835, of which only one copy remains. With all his admiration for "Hahnemann and his Homœopathy," to use Dr. Lippe's own words, he must be strangely ignorant of Hahnemannic literature, or else his mind must be failing, to make such statements as the above, in face of the fact that a better, more polished, and truer translation of the paper referred to is to be found in Dudgeon's translation of Hahnemann's Lesser Writings. W. Radde, New York, 1852, page 619, entitled "Spirit of the Homœopathic Doctrine." S. P.

AMERICAN HEALTH PRIMERS. Edited by W. W. KEEN, M.D., Philadelphia, Pa. Printed on tinted paper, 16 mo., pp. about 150, in paper covers, thirty cents; in cloth, fifty cents. Published by Lindsay & Blakiston, 25 South Sixth Street, Philadelphia, Pa.

Closely upon the issue of an English series of primers, and surpassing them in extent, style, and merit, comes this set of valuable monographs, by men distinguished in knowledge of the subjects upon which they treat.

"Hearing and How to Keep It," and "Long Life and How to Reach It," have been received, and are excellent summaries of their subjects, not only of inestimable value to the laity, but veritable hand-books for the profession. From personal knowledge of the cultured men engaged upon this miniature library, we feel confident future numbers will be as superior as those already issued. The other numbers which will soon follow are: "Sea Air and Sea Bathing;" "The Summer and Its Diseases;" "Eyesight and How to Care for It;" "The Throat and the Voice;" "The Winter and Its Dangers;" "The Mouth and the Teeth;" "Our Homes;" "The Skin in Health and Disease;" and "Brain Work and Overwork."

These works can be procured from the publishers, or ordered at the same price from any of our homœopathic pharmacies.—ED.

Gleanings.

THE AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.—The third annual session was held at Lake George coincident with that of the American Institute of Homœopathy. This society, although yet in its infancy, has, through the earnest endeavors of its members, attained a position in the domain of science that invests its proceedings with a degree of authority. It is noticeable that almost all of the papers which were read touched upon themes of deepest interest, and the ideas advanced were characterized by their freshness and originality. The line of thought was not carried along pre-existing channels, but new conceptions were developed, demonstrating the fact that diagnosis and pathology are not neglected by the homœopathic oculist. It was in special therapeutics, however, that was demonstrated the superiority of law to empiricism, and it is in this field that the greatest victory is to be achieved. This young and vigorous society has already done much to advance the cause of scientific homœopathy, and a brilliant future may be predicted for it. The officers for the ensuing year are:

President—W. H. Woodyatt, M.D., Chicago.

Vice-President—H. C. Houghton, M.D., New York.

Secretary and Treasurer—F. Park Lewis, M.D., Buffalo.

Censors—George S. Norton, M.D., New York; J. H. Buffum, M.D., New York; W. A. Phillips, M.D., Cleveland.

F. PARK LEWIS,
Secretary.

230 PEARL STREET, BUFFALO, N. Y.

NERVE STRETCHING.—We have not been able to publish anything on this subject yet, for which the readers of other journals will bless us.

DR. J. R. HAYNES, of Indianapolis, has kicked up an awful row by finding *infusoria* in the milk served to his fellow-citizens. Some paid experts (doctors), who probably do not know a *paramonium* from a polliwog, deny it, but our homœosays "you're another."

MARRIAGE.—At Cleveland, O., Saturday, May 24th, J. Pettet, A.M., M.D. and Miss Delia Wolke were married by the Rev. T. M. House. We tender congratulations, and wish now, that the sky is clear, long life and much happiness.

DR. H. N. GUERNSEY, of Philadelphia, sailed for Europe on the 14th of June.

DR. ALFRED C. POPE, of London, Eng., sailed for home July 2d. His visit will be remembered with pleasure by all who were fortunate enough to make his acquaintance.

CHART OF THE IMPORTANT SKIN DISEASES, by T. S. Hoyne, M.D., Chicago, Ills. This gives the diagnostic features, causation, treatment, and concomitants of affections of the skin. It presents the superficial diseases in a graphic manner, and will help to bring this much-neglected department of medicine into deserved notice. It ought to be posted upon the walls of every clinic room.

MR. A. F. LUPUS, manufacturer of pocket and buggy cases, has removed to 107 South Eighth Street, Philadelphia.

AT THE LAST ANNUAL COMMENCEMENT OF ST. IGNATIUS COLLEGE, in Chicago, June 24th, N. F. Cooke, M.D., of Chicago, received the degree of LL.D. This is one of the immense chain of colleges which encircles the globe, under direction of the Jesuit Order, which are all practically one and the same institution, of which each is but an individual member. Their rules in the conferring of honors are very rigid.

THE BOSTON JOURNAL OF CHEMISTRY is one of the most valuable of our exchanges. The editors are cultivated gentlemen, who furnish a large amount of most interesting matter monthly, for the low price of one dollar a year, and homœopaths are not insulted by misrepresentation and attempts to be witty at their expense.

DR. J. T. PUTNAM has removed from Steubenville, O., to No. 262 Penn Avenue, Pittsburgh, Pa.

DR. JOHN L. FERSON, gold medalist of the class of '79, Hahnemann Medical College of Philadelphia, formerly of Pittsburgh, has located at Kansas City, Mo.

DR. J. M. WALKER, of Denver, Col., has associated with himself in practice Dr. A. S. Everett, A.M., M.D., late Professor of Anatomy in the Homœopathic Medical College of Missouri.

A CHESTER DOCTOR says: "In puerperal fever Sulphur 70^m follows most beautifully after Arsenic 70^m, and the undertaker follows most beautifully after Sulphur 70^m."

THE ST. LOUIS CLINICAL REVIEW says: 'THE HAHNEMANNIAN MONTHLY copied, at the same date (June 1st), *six* pages from other journals *several times* and only credited to 'Exc.' This "conspicuously inexact" statement may be denominated splenetic mathematics.

YELLOW FEVER has broken out again at Memphis, Tenn., and our Southern people are very anxious.

MEDICAL COLLEGE ASSOCIATION (ALLOPATHIC).—This body held sessions at Atlanta during the meeting of the American Medical Association. We present their action upon the subject of medical education, so strikingly in contrast to the action of our Inter-Collegiate Congress.

"Next in order was the reading of a communication from the 'Convention of Medical Colleges,' which held a session in Atlanta May 2d. At that convention the questions discussed were: (1.) Should all medical colleges require three regular courses of lectures in three separate years, as one of the requirements for conferring the degree of M.D.? (2.) Should all medical colleges require before admitting to matriculation a preliminary examination—such examination embracing at least the elements of the physical sciences, in addition to a fair English education? Since only twenty-three of the fifty-nine medical colleges in the United States were represented in that convention, they were powerless to act, and this communication was intended to bring these questions before the present convention, where decisive action could be taken upon them. The first

of the questions thus referred was disposed of by an amendment to the articles of confederation, proposed by Professor Menees, by which said questions were answered affirmatively. Under the rules of the Association the amendment was tabled till the next session. The second of the referred questions was laid upon the table for one year."

DEATHS OF HOMŒOPATHIC PHYSICIANS IN ITALY.—The *Rivista Omiopatica* (December, 1878), mentions the death of five physicians of our school during the year 1878. The editor pays an honest and glowing tribute of respect to the memory of each. We regret we cannot give the articles in full, in order to show the profession at large the class of men who are upholding our banner in that country.

Dr. Ab. Cataldo Cavallaro, of Palermo, was one of the most distinguished physicians of our school in Italy. At the time of his death he was engaged in writing a theoretical and practical treatise on homœopathic medicine. The work is highly spoken of, and regrets are expressed lest his sudden decease may prevent its publication.

Dr. Francesco Bertucci, also of Palermo, had established a large practice and made homœopathy known and respected throughout that section.

Dr. Michele Sette, of Bari, was distinguished as a skilful surgeon, as well as a successful homœopathic therapist.

Dr. Pietro Gatti, of Geneva, was among the first to begin the practice of homœopathy in that place, was noted as one of the most pronounced friends of homœopathy, and a strict follower of the law "*similia*," and believed that those who are always sounding the shibboleth had not comprehended the true character of homœopathy. Our first duty is to cure the sick, as an excuse for their polypharmacy.

Dr. Angelo Pasi, of Piperno, died in the month of October. Citizens of every station and degree, civic and military officials, allopathic physicians and patrons, one and all, attended his funeral obsequies, and thereby testified to his character as a man, and his worth as a physician.

Such testimony presents the encouraging fact that even in wretched Italy there are men who appreciate the great truths of homœopathy, and places which honor those who value its cultivation. T. M. S.

WASHINGTON, D. C., July 20th, 1879.

HOMŒOPATHIC PHYSICIANS OF THE SOUTH :

It is probable that the yellow fever will visit the South as an epidemic this season. Under the circumstances I would beg of you, for the love of our science, that you take full notes of every case of yellow fever coming under your professional care, that such case be properly authenticated, and that you note your treatment and the result.

I make this recommendation because, after the excitement is over, your data may be required to sustain the claims of your honorable profession.

The National Board of Health has issued blank books for such records ; any application for them will be cheerfully complied with.

T. S. VERDI, M.D.

THE
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No. 9.

Original Department.

THE LIMITS OF DRUG ATTENUATION,
OR PROOFS OF THE PRESENCE OF MEDICINAL POWER IN AT-
TENUATIONS ABOVE THE SIXTH DECIMAL FROM THE
STANDPOINT OF THE THERAPEUTIST.

BY J. F. COOPER, M.D.,
ALLEGHENY CITY, PA.

THIS fifth division of the work, assigned by the chairman of the Bureau of Materia Medica of the American Institute, is to be understood, as embracing the bounds within which attenuated medicines above the sixth decimal furnish absolute evidence of power to produce reaction in morbid conditions of the human body.

On first thought this would seem to be an easy task; but on mature reflection, when we consider that more than ninety per cent. of all who get sick are capable of recovery by proper nursing and management without medicine, the task of furnishing the proofs is not an easy one.

In medicine it has been the custom in all times past to accept the fact of the recovery of the sick, as evidence of the healing power of medicines given in their treatment. This may be so in a portion of the cases treated, but certainly not in all. The giving of the medicine and a cure following, have, doubtless, in many instances, no nearer relation than as mere coincidents. If nature within herself possessed no recuperative power, and the results of apparent drug-action were always to be considered as real, the road would be plain and the task easy. That medicines given in the treatment of the sick, in strict accord-

ance with the law of similars, are followed by the disappearance of morbid symptoms in a larger proportion of the cases so treated, than is observed under any other mode of treatment, is true beyond a doubt. But to give positive proof of efficacy in individual cases is not under all circumstances possible.

A statistical record may afford a comforting assurance of success in certain forms of disease. But when we look squarely at the matter, it is difficult, nay, almost impossible, to pick out a case or cases from a class, and say positively that this or that medicine did the work. We may feel that it is so, but to be positive of it is another matter.

From a comparison of statistics, we feel that attenuated medicines are possessed of power to cure disease, and from an individual experience we are certain of it.

The proofs must necessarily come from clinical experience, and are most readily found in acute cases, requiring the low and medium grades of attenuation, principally on account of their frequent occurrence, and the pathological changes being rapid, and readily observed, and considered.

In testifying to the worth and efficacy of the low and medium grades of attenuation, I do not desire it to be understood that I ignore the higher. To what is indorsed by so many leading spirits among us, it would be unwise for me to unqualifiedly deny the possession of some merit.

There are practitioners of one school of medicine, who are fully persuaded that cures can scarcely be made, except by medicines that are attenuated to a very high degree.

Either from a want of the necessary knowledge to give correctly, or from a lack of power in the higher grades of attenuation, I can truly say that, I have seldom been successful in using them, as some of our practitioners say that they have been. Cures have followed their administration in a small proportion of the cases to which I have given them, it is true; but the number has been so small as to barely make them worth considering.

Cures following the giving of medicines have undoubtedly given some of them a character for efficacy, at times, which is not merited, and has placed them in a position to disappoint the practitioner and jeopardize the dangerously sick.

From an overzeal and want of due consideration on the part of many members of our profession, the law of similars is made to cover a great deal of matter that is valueless.

Experience is the great medium through which knowledge is obtained, in the various matters that concern us in life and in medicine, as well as in other things. In physics, under the

workings of known laws, a single observation is at times sufficient to discover relation and govern application.

Not so in medicine; obscure in its nature and workings, many coincidences in the giving of a drug, and the disappearance of morbid symptoms under varying circumstances, are necessary to establish its sphere and determine its power to cure.

Homœopathy, though of but few years in comparison to the old school of medicine, has had a vigorous growth and a fair development, on account of the superstructure being reared upon a foundation-principle, as broad and certain, as disease itself. To those who contribute to the erection of that superstructure we would say, consider well your contribution, and let no unsound material go into it.

THE OTHER SIDE.

BY EMIL TIETZE, M.D.,
PHILADELPHIA, PA.

II.

IN the July number of the *HAHNEMANNIAN MONTHLY*, Dr. Sherman has favored the reader with a table of arithmetical calculations "showing the diameters of spherical masses necessary to contain one drop, one-tenth of an inch in diameter, of medicinal substance, raised to the different degrees of Hahnemann's scale of potentization."

Surely, if the doctor finds pleasure in such baubles, we can well afford to let him amuse himself with them, to his heart's content, as often and as long as it pleases him to do so. But, he must, on that account, by no means flatter himself with the idea that his remarks contain anything new or original; for we have heard of those calculations long before the world ever dreamed that Dr. Sherman's critical genius would soar, some future day, to the same swindling heights.

Unfortunately, however, that what had happened to the doctor on former occasions has precisely occurred to him again in this instance, *i. e.*, he has shown by his arithmetical efforts nothing but his deplorable ignorance of homœopathic literature, a shortcoming for which a homœopathic reformer and critic, most assuredly, cannot have the faintest excuse.

To convince him, moreover, of the absolute harmlessness of those arithmetical attacks, I shall take the liberty of referring

my learned colleague to sections 221-227 of Grauvogl's *Text-Book of Homœopathy*.

For brevity's sake, I should gladly content myself with a mere reference to those sections, were I but sure that a copy of that work is in the possession of, at least, a majority of the readers of this journal. But since I have reason to apprehend that Grauvogl's work is not to be found even among the literary treasures of the library of the Milwaukee Academy of Medicine, I shall consider myself sufficiently excused for quoting to the reader some parts, at least, of the sections mentioned.

Grauvogl, in section 222 *et seq.* of his textbook, expresses himself on this subject as follows:

"When I began the study of homœopathy, the rock of the attenuation question, on which so many of our adversaries' heads have suffered shipwreck, was to me, never an object worthy of consideration.

"I read the arithmetical calculation of Hahnemann, according to which the first centesimal attenuation of Aconite, for instance, contained a hundredth part of the tincture of Aconite; the second, a thousandth; the third, a millionth; the sixth, a billionth; the thirtieth, a decillionth, etc. This view I considered, *a priori*, as defective, for what has the law of quantity to do with the laws of relation, under which laws the homœopathic attenuations must also stand? The laws touching the proportion between matter and vehicle interested me the less, because I had, first of all, to discover, by experiment and observation, the laws of relation subsisting between the homœopathic attenuations and my own organism. Hence, I proved on myself one of the most powerful substances, Arsenic, and began with its thirtieth decimal attenuation, putting, for the sake of convenience, twenty drops into half a pint of water, of which I took, four times a day, a tablespoonful.

"On the second day I observed, not having an unsound spot in me, nothing but an unusual thirst, which, however, I attributed to my bodily exertions, the weather being at the time very warm; but, at the close of the third day, this peculiar sensation of heat in the mouth rose to such a pitch that I was obliged to drink water the whole evening, uninterruptedly, without being able in the least to allay the thirst.

"As this irresistible longing frequently disturbed my sleep at night also, and continued undiminished next morning, I was obliged, for the want of any other cause, to ascribe it to the influence of the Arsenic, and I determined the proving. This thirst did not disappear till the end of two days.

"After eight weeks, I proved upon myself the *tenth decimal attenuation* of Arsenic, in the same manner. On the second day even, I felt weary and averse to all bodily efforts. This weariness increasing, on the third night I hardly slept at all, and on the fourth night, I could not close my eyes, without being able to discover any other reason for it, than the effect of the Arsenic. On the following day, there was added to this the tormenting precursor of the Arsenic thirst already well known to me, and I was convinced enough that these phenomena could only be ascribed to the influence of the Arsenic.

"Twelve weeks later, having taken the *third decimal attenuation* of Arsenic as above, I felt on the very first day a rumbling in the bowels, to which, on the second day, were added severe pains in the bowels, with diarrhœa and inclination to vomit, which induced me to close this proving also. A year later, I made the same experiments with several attenuations of Arsenic, and, as regards these three, with the same results, and then proceeded to prove on myself Aconite, Belladonna, etc.

"These experiments and observations had driven from me, forever, all doubts about the efficacy of homœopathic attenuations. I gave myself no further trouble about the well-known arithmetical descriptions of these attenuations, which were sufficient to frighten so many away.

"I then received Jolly's *Monograph*, by which I obtained leading principles, which enabled me to compare the results of my provings of Arsenic, etc., just mentioned, with the results which are said to issue from provings according to arithmetical calculation, and took, for this purpose, the quantity of vehicle which Jolly had used in his experiments.

"I filled a marble vessel with thirty quarts of distilled water, thus with about the same quantity which Jolly used in his fourth attenuation of his twelve per cent. solution of Saltpetre. To these thirty quarts of distilled water I added ten drops of the homœopathic *mother tincture* of Arsenic. After stirring this about with a glass rod, I filled several bottles with this attenuation, in order to preserve it.

"I now began, as before, with twenty drops from one of these bottles, which I dropped into half a pint of water, and of which I took a tablespoonful four times a day. Not till I had continued this proving for six days did I think I perceived some effect, which closely resembled the thirst in consequence of the *thirtieth homœopathic attenuation*. This thirst,

however, increased very slowly, and I was generally in good humor and vigorous. This lasted only two days longer, then the thirst increased, and that sense of vigor gave place to a certain sense of discomfort. After a considerable time I again put twenty drops into half a pint of water, from a solution of ten drops of the *mother tincture of Arsenic*, corresponding with Prof. Jolly's *third attenuation* of Saltpetre, and thus in about $6\frac{1}{2}$ quarts of water.

"In like manner, on taking four tablespoonfuls every day, I experienced from this dilution an effect similar to that of the *tenth homœopathic attenuation*, but in a much more feeble degree, and not till after four days, with some cutting pains in the bowels, and incipient sleeplessness.

"Finally, with a solution of ten drops of the *mother tincture of Arsenic* in two and a half quarts of water, corresponding to Jolly's *second dilution*, I experienced the effects of the *third homœopathic attenuation*, but likewise, later.

"Aconite, proved in like manner, refused its action much earlier. Even from ten drops of the mother tincture of Aconite, in six and a half quarts of water, I observed no effect on the organism.

"After such results I had a rule by which to measure homœopathic attenuations, which, at the same time, proved to me that the arithmetical symbols of these attenuations contained colossal transgressions of facts.

"If we inquire about the modality, if we inquire why an attenuation with thirty quarts of water, which, according to calculation, about corresponds to the third homœopathic attenuation, notwithstanding produced upon my organism the effect of the thirtieth only, the answer is derived simply from the different conditions which were presented to the activities of the molecules of Arsenic upon the molecules of water in the different volumes; for at one time the molecules were confined in the small attenuating vials, the other time expanded in the marble vessel.

"Thus, if we divide the same amount of molecules (of the smallest particles of a body which are clearly not its atoms, but only complexes thereof) once in thirty quarts of water, then in thirty vials, each holding a cubic inch, it is clear that the molecules, in the first case, must become more inactive and inefficient in proportion as *the vehicle occupies more space*, till, finally, they subdivide into their atoms.

"For in such proportions the power of resistance against the surrounding medium diminishes in the same degree, as the

force of attraction of the vehicle must likewise increase with the increase of its volume, as the experiments of Jolly have proved.

"The force of attraction of things unlike, and the repulsion of the like are, however, in the homœopathic attenuations, comprised in a small space of only a few ounces of the vehicle, so that, indeed, *a priori*, they can be effective much further yet than to the thirtieth attenuation. Hence, the *quality* of the homœopathic attenuations must likewise be one entirely different from that of the attenuations according to arithmetical calculation, as my experiment and observations have also shown."

* * * * *

"In order to show how much, by experiment, *calculations* are very often thrust back into the limits of their doubtful significance, I present the following example for those who set calculations above all other facts:

"The resistance to the bullet, which it experiences from the counterpressure of the atmosphere, is calculated, for the conically pointed ball, at twenty-five, but practically, it is fifty-two; the resistance which the semi-elliptical ball experiences is calculated at fifty, but practically it is forty-three; the resistance against the ogivate ball is calculated to be forty, but practically it is only thirty-nine; thus less than that of the pointed cone.

"Hence it will be permitted to determine even the efficiency of homœopathic attenuations, not by calculations, but by the actual effect upon the organism.

"Again, if it be further considered that the third homœopathic attenuation still develops a function which is nearly equal to the pressure of eight atmospheres, and that the parts of these attenuations are always equal in quality to the whole, then these developments of force refer, not only to the entire volume of these solutions, but also to every separate drop thereof, and thus it is also, in this direction decided, that there can be no longer any talk as to the inefficiency of these attenuations upon the human organism."

* * * * *

"Prominent among these superannuated impressions stand the errors of calculation and extravagant theories of which Hahnemann's time was guilty. Already by Jolly's experiments, *Hahnemann's decillionths and all such calculations have fallen to the ground*; for, by way of example, from those 1000 cubic centimeters of the solution of Saltpetre, we did not get, by addition of 1257 cubic centimeters of water, the sum of 2257

cubic centimeters, but 21 *centimeters less*, that is, only 2236 centimeters, thus a *considerable minus* in comparison to the entire volume present before the attenuation was produced; and this continues, *since every new attenuation produces, by molecular contraction, a new minus of the volumes present before its preparation*. That these differences form no constant series comes from the leading principle under which these experiments were made. It included the problem, to deduce the law, according to which the decrease of molecular attraction coincides with the increase of distance between the molecules, for which these quantities were chosen; and it was thus established that the molecular attraction really does *decrease* with that increase of distance. This suffices for our aim, to show that the calculations of Hahnemann and his contemporaries must be laid aside in the realm of fables, with the same positiveness as the results which our opponents obtained upon the basis of such examples of addition; as Schlegel, for example, who, in 1853, imagined with all seriousness that he had dealt a telling blow at Hahnemann, with such calculations. But, who can blame homœopathy in the case, when, to many human intellects, it seems incomprehensible; or if, without any reason, it is, moreover, unjustly accused of incorrect quantities?

"Yet it is easier to delude than to instruct; easier not to be willing to understand, than to come to the bottom of a fact; and there is just what the opponents of homœopathy maliciously design, when they incessantly re-exhibit the errors of the children of this system." (Part II. pp. 55, 56.)

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"In a work translated by Dr. Heinrich Böhne-Reich (published in Jena, by Otto Deistung, 1863), entitled, *On the Infinitely Small Doses of Homœopathsists*, and which claims a certain De Hemptinne as author, we learn that the latter received a commission from the *French Academy of Sciences to demonstrate by numbers the impossibility of the existence of healing properties of the drops and pellets of the homœopathic drugs, administered with so great presumption*.

"Now, from these idle calculations, it is announced, that in the thirtieth homœopathic attenuation, a milligram of Aconite, for example, is distributed in a quantity of alcohol, which is nine hundred and twenty-five octillion times the volume of the earth, etc.; but this had already been told us by other arithmeticians of the same stamp.

"With these arithmetical argumentations the Academy of Sciences, in France, has radically disgraced itself, as I will

show beyond a cavil, by a single quotation from the works of a German thinker, Professor Conrad Herrmann :

"The mere *correctness* of a thought is generally considered a sufficient means for the establishment of the (asserted) *truth* thereof; or, the proposition is generally accepted that, that which has been *deduced* from well-founded premises in a manner logically correct, or without internal contradiction, must, on that account, necessarily be true. In *reality*, however, this proposition is subjected to a definite and essential limitation; for the *correctness* of a thought is, in all those cases in which the same is not established upon a *firm empirical basis*, only then to be considered as a satisfactory pledge for a truth, when another general property is associated therewith, namely : that of *completeness*, or of the entire exhaustion of all justifiable and, upon the whole, possible thought touching a certain idea." (Part II, p. 67.)

* * * * *

"Every erroneous train of thought is either such as rests upon the *exclusive* presence of the *property of correctness*, or such as rests upon the *exclusive* presence of *completeness*. That objective manner of thinking, which is correct without being complete, is *sophistic*, but that which, though complete, yet lacks the inner correctness in the connection of its members, is *confused*.

"The *truth* of a train of reasoning rests upon its harmony with its external objective contents; its *accuracy*, upon the internal and formal agreement of its separate members with each other; its *completeness*, upon the exhaustive consideration of every element contained in the subject of the proposition.

"This exposition, in its entirety, contains the above announced postulates of the art of experiment and observation; the truth rests upon rational induction, upon experience by experiment and observation; the *correctness*, upon the *abstraction of the particular from the general*; the *completeness*, upon the *inquiry regarding the subject according to the categories of quantity, quality, relation, and modality*. To meet all these postulates of a rational proceeding, the French Academy of Sciences has omitted, with the single exception of the mere correctness of the calculation offered; hence, it has degenerated into mere *sophistry*." (Part II, p. 68.)

* * * * *

..... "I will add yet the calculation adopted by this learned society, that the quantity of alcohol necessary for the

preparation of the ninth attenuation forms a cube of one-quarter of a league, that for the preparation of the twelfth a cube of twenty-five leagues, etc.

"Now, according to § 28, a blood-cell contains a 0.00000-00000004746594816 part of a gram of Chloride of potash, thus twenty-two decimal places, like that of the eleventh homœopathic *attenuation*, according to arithmetical calculation, for the preparation of which, according to the same example, a cube of 1.7 leagues of alcohol or water would have been necessary.

"If we assume that these blood-corpuscles live thirty-five days, which is certainly beyond the mark, and, in any case, fully up to the extremest limits of possibility, then we would, according to this calculation, within this space of time, have consumed this whole quantity of alcohol or water in order to furnish the blood-corpuscle its part of Chloride of potash from our food. One may see that the absurdity in which this Academy of Sciences has lost itself assumes monstrous proportions."* (Part II, p. 69.)

* * * * *

By way of complement, I will but briefly mention that Dr. Sherman, without the least injury to his well-founded claim to modesty, may very justly appropriate to himself some of the complimentary remarks, which the author of the above quotations has deemed proper to bestow upon the French Academy of Sciences.

Finally, by the argumentative force of some of the above citations, Dr. Sherman will, perhaps, be compelled to admit, that his remark (p. 388), "*Nevertheless, by this ingenious device, the same degree of tenuity or scarcity of the medicinal substance is produced as would be produced if the entire original drop were diluted in the vast quantity of liquid symbolized by the figures at the end of the above table,*" unfortunately for him, is based upon a stupendous error, owing to his *insufficient acquaintance with, and want of exhaustive consideration of, the subject in all its bearings.*

* The various alterations in the text quoted are my own.—E. T.

OSTEOSARCOMA—AMPUTATION AT THE SHOULDER-JOINT.

BY PROFESSOR S. R. BECKWITH,
CINCINNATI, OHIO.

(Reported by E. W. Lowry.)

IN the fall of 1876, H. B., a lad nine years of age, was thrown from a horse, injuring his right arm midway between the shoulder and elbow; only the soft parts were supposed to be injured, and not for two years, when the case was sent to Drs. McGuire and French, of Greensburgh, Ind., was the true nature of the accident known. These gentlemen diagnosed the case as caries, resulting from an injury to the humerus at the time the boy was thrown from his horse, and treated it accordingly.

In November, 1878, Dr. Beckwith visited the case with Drs. McGuire and French, and made a four-inch incision along the outer surface of the arm, exposing the bone the entire length of the incision. The seat of injury was found, and had the appearance of having been a green-stick fracture of the outer half of the humerus, and there was death of the bone at the seat of injury. All necrosed portions of the bone were removed, and a favorable prognosis given.

The humerus was not enlarged, and there existed no visible evidence of disease except what has been stated.

The wound soon healed, but in a few weeks the arm became painful, the elbow-joint swollen, and the patient had such constitutional symptoms, as are usually found in malignant diseases of the bone. His physicians diagnosed the case osteosarcoma.

On April 22d, Dr. Beckwith, assisted by the attending physicians, Drs. Cook and Lowry, made a free dissection on the outer side of the biceps muscle to the bone, and with a trephine removed a chip of bone extending through to the medullary canal. The diagnosis osteosarcoma was easily verified by an examination of the portion of the bone removed by the trephine.

The arm was then removed at the shoulder-joint, two axillary arteries were found of about equal size, both imbedded in a ganglia, consisting of the median, ulnar, musculo-spiral and musculo-cutaneous nerves. The whole mass was incorporated in firm, areolar tissue, that made it very difficult to dissect the arteries so as to apply ligatures. The hæmorrhage from other vessels was arrested by torsion; the patient had a good reaction, and is now doing well.

EXAMINATION OF THE BONE.

The interesting part of the case was developed by the examination of the humerus. On removal of the soft parts, the bone was found enlarged about twice its usual size, from one inch below the head to within three inches of the elbow-joint.

The surface of the enlarged portion of the bone was composed of fibrous tissue, interlaced with osseous structure. It could be cut with a scalpel, and was about one-half inch in thickness. On dividing the bone longitudinally, the medullary canal was found filled with a gelatinous substance. The cancellated structure of the bone was wanting; its space was occupied by pieces of necrosed bone, and a combination of fibrous and osseous tissue; these were blended and interlaced in such a manner as to give firmness and strength to the humerus.

In addition to these extraordinary pathological changes in the bone, the soft tissues were peculiarly covered with fibrous tissue. The median nerve was covered with it from the axilla to the bend of the elbow, and appeared like a large tendon of a muscle.

NOTE.—Mr. Lowry, in his report of the above case, has classified the growth as osteosarcoma, and I believe it is correct, although Sir J. Paget states, that osteo-chondroma, chondroma, benign osteosarcoma are other names for cartilaginous tumors. While I do not desire to contradict a statement made by the best authority in surgical pathology, I do wish to say a few words upon the general understanding of the term osteosarcoma among surgeons. I have always supposed that osteosarcoma was a degeneration of a bone into a substance similar, but not identical with flesh. This new growth or material produces an enlargement of the bone, and if it originates in the external surface of the bone, it is accompanied but by little pain, and often attains a large size. But, if it commences in the interior or medullary portion of the bone, it is very painful, and the pain continues until the compact portion of the bone is removed by ulceration or absorption.

I have always supposed that osteosarcoma was a malignant growth and remedial only by the knife; that when it occurred in the shaft of a bone, it continued to extend until the entire bone was altered in structure, and in many instances bones, joined by their articulations to the diseased one, were likewise affected.

But if osteosarcoma is a benign tumor, a cartilaginous

growth, the enlargement could be removed, when it occurs on the surface of the bone, without loss of the integrity of the bone. But this is not true in practice, as osteosarcoma destroys the whole bone.

I am well aware that the term osteosarcoma is not a good one, and implies what does not in fact exist, viz., an interlacing of flesh and bone. The flesh part is fibrous tissue, and is the product of a malignant growth; yet I am not aware of any other name that better expresses the pathological condition of the disease, and, until one comes in use among surgeons, that more fully implies a degeneration of bone with soft deposits, let us use the term osteosarcoma, and by it express an idea that we are dealing with a malignant growth, and not with an innocent tumor.—S. R. B.

GYNÆCOLOGICAL CLINIC.

(Brief notes of Professor R. Ludlam's Sub-clinic in the Hahnemann Hospital, of Chicago, for Friday, April 4th, 1879.)

PHONOGRAPHICALLY REPORTED BY D. M'CLELLAN,*
NEW BRUNSWICK, NEW JERSEY.

CORPOREAL CERVICITIS: Case 7051.—This is a case of cervicitis involving the structure of the cervix and also its investing and lining membranes. There is concentric hypertrophy, with a copious leucorrhœal discharge. She complains of burning pains within the pelvis and through the abdomen. You observe that there is nothing of a cancerous nature in this case, and no erosion, or ulceration. It is a plain case of cervical inflammation. She has taken *Ars. alb.*, and later, *Rhus tox.* for the peculiar dark hue on the cervical mucous membrane. I shall make a topical application of the oleaginous collodion. The castor oil in this preparation prevents it from cracking, and renders it waterproof and flexible. This collodion should be painted upon the cervix uteri in different directions, when it makes just such a membrane as you find on the inside of an eggshell. We first mop the cervix dry with cotton, or it will not take. It makes a cap for the uterine neck, and lessens the discharge by excluding the air. Be careful not to put too much on, else it will run down the posterior wall of the vagina, and cause severe pain, on the removal of the speculum. *Ars. alb.*³.

* The sub-clinics are devoted to the local examination of patients, and to the careful personal study of cases in the puerperal wards. These clinics are visited in turn by groups of pupils from the general college class.—McC.

UTERINE FLEXION: *Case 6903.*—This woman is thirty-six years old. Her case is one of ante flexion, with latero flexion; the womb being bent forward, and also inclined to the right side. The bladder is not affected in this case, but it is necessary, in passing the sound, to give it an extraordinary curve. The cervix is in its place in flexions, but not in versions of the womb. Now that I have passed it, the point of the instrument lies in the right side of the pelvis. I know the uterus is flexed, because of the position of the sound. In this case, although the womb is ante flexed, there is no trouble in the bladder; there are no vesical symptoms because the uterus lies at the side of the bladder, and not on the top of it. She has constipation, with pain radiating through the bowels; while standing this pain is almost constant, but at night it is relieved. The best course of treatment for this case, would be to introduce a stem, at first curved, then straightened more and more, until the uterus was brought into its proper position and kept there. The stem should correspond to the axis of the uterus, and would serve to keep it erect, and allow it to move about laterally. We will give her *Collinsonia can.* 3 \times , four times a day.

ENUCLEATION NECESSARY.

BY J. H. BUFFUM, M.D.,

RESIDENT SURGEON NEW YORK OPHTHALMIC HOSPITAL.

CASE I.—P. McN., æt. twenty-six years, received an injury to the left eye three months ago by the bursting of a soda-water bottle. A cut through the ciliary region is still traceable, and in all probability a portion of the glass is within the eye. After the accident he was admitted to the Ophthalmic and Aural Institute of this city, and after two weeks' treatment was allowed to depart with the traumatism relieved, having only perception of light in the injured eye. He was cautioned to watch the eye carefully, as it was likely that there was a foreign body in the eye, which might at any time excite an inflammation, which would be likely to endanger the other eye.

Two weeks afterwards the injured eye became inflamed, probably from exposure, and he returned for further treatment. An irido-cyclitis was present, and the other eye in a state of irritability. He was informed of the great danger of loss of vision in the other eye, and to prevent disastrous consequences was advised to have the injured eye removed at once.

Unwilling to consent to the enucleation of the eye, owing to the advice of immediate friends, he was discharged from treatment, the surgeons being unwilling to accept the responsibility of further treatment, in a case where their judgment was disregarded.

The friends of this young man (who was unfortunate in listening to their advice) had him placed under the care of a general practitioner, who, from his ignorance of the proper treatment of the eye, was willing to take the case, notwithstanding a knowledge of the patient's refusal to abide by the opinion of those more competent to judge of the dangers in the case, from a large and careful experience in similar cases.

The patient was confined in bed and industriously treated by his physician. By the steady progress of the sympathetic inflammation, the vision was totally lost in four days, the man thus becoming completely and permanently blind. During the following three weeks he was steadily treated and buoyed up by the promise of his physician, that as soon as the inflammation would subside his vision would return. Finally, as the disease was not abated, and no glimmer of light appeared, his physician deserted him, and another being called to see the case, he was sent to the New York Ophthalmic Hospital for treatment.

He presented himself here on March 29th, 1879, and was assigned to Dr. Liebold's service. The condition presented at this time was one of irido-choroiditis of both eyes. The conjunctival and episcleral vessels of both eyes were congested. The iris was discolored and bulged forward, so that there was scarcely any anterior chamber, pupil occluded, and tension increased in both eyes. Had suffered constantly from excruciating supraorbital neuralgia, excessive photophobia, and constant nystagmus and blepharospasmus. On a careful examination he appeared to have perception of light in the right eye, none in the left.

He was admitted to the hospital, and under purely homœopathic treatment the distressing symptoms of pain and photophobia were soon relieved by *Merc. cor.* and *Phos.*, and the patient thus rendered more comfortable than he had been in ten weeks. Examination from time to time revealed the fact that the patient was utterly without the slightest perception of light. What he had supposed was light when first examined, and which had misled us, were phosphenes, due to the irritation of the retina, and which increased as the inflammation began to subside.

After two months' residence in the hospital he was discharged, as the inflammation and the distressing symptoms had been entirely relieved, the bulbi having already begun to soften, and even rapidly passing into a stage of phthisis.

The removal of the injured eye at the proper time would thus have given this poor fellow sufficient vision for all purposes, and made him a useful member of the community, instead of the burden which he now is.

CASE II.—R. D., æt. forty-eight years, presented himself to me for treatment for an injured eye, on March 6th, 1879. Gave the following history: While working, three days ago, he felt a piece of iron, which he was chiseling, strike his right eye. For the last two nights he has had very severe pain.

The condition as presented by the eye is one of suppurative irido-cyclitis. There is great chemosis and sensitiveness of its ciliary region. By oblique illumination the course of the foreign body through the cornea is discernible, by a slight linear opacity just below the centre of the cornea; again, a slight opacity in the lens shows that the foreign body has passed posterior to the lens. There is pus in the anterior chamber; the pupil dilates only slightly with a strong solution of Duboisine. The vitreous is too hazy to discern the situation of the foreign body. Vision amounts to perception of light only.

The patient was advised to come into the hospital, as the eye demanded the closest attention from hour to hour, as it was probable that the other eye would be affected sympathetically. He was admitted at once, and kept perfectly quiet in bed, while attention was given to the administration of the indicated remedies, in the endeavor to subdue the inflammation. Arnica, Rhus tox., Mercurius, and Sulphur were given as they appeared indicated. Notwithstanding all our endeavors the disease progressed, as it so frequently does in these traumatic cases, with great rapidity. The patient was carefully watched and informed that every endeavor would be made to save the eye, but the moment that the well eye became affected the injured one would be removed.

Four days after admission, although the remedies had relieved the pain very much, yet the inflammation had steadily increased. The pupil was now completely occluded, the pus in the anterior chamber had increased, and the lids and conjunctiva had become more swollen.

The other eye now showed signs of irritation; there was slight

photophobia, some lachrymation, and the accommodative power weakened. These prodromal symptoms I knew would undoubtedly be rapidly succeeded by a sympathetic cyclitis, which would destroy the vision in a few hours, notwithstanding the administration of the apparent similitum. I felt confident that the injured eye still contained the foreign body, otherwise the inflammation would have been controlled by the remedies given. I enucleated the offending eye at once, and the symptoms of irritation in the other eye subsided within the next twenty-four hours. In a few days the patient left the hospital with perfect vision in the remaining eye.

An examination of the enucleated globe showed a plastic irido-cyclo-choroiditis, with purulent degeneration of the vitreous. The foreign body, a piece of iron 2 mm. long, 1 mm. broad, and 1.5 mm. thick, was found imbedded in the choroid, in the posterior, inferior, and outer quadrant.

CASE III.—A. B., æt. twenty-seven, a workman engaged in the construction of one of the elevated railroads, received an injury to the left eye, June 20th, 1879. A piece of an iron rivet struck the eye and caused a wound of the sclera about 4 mm. from the limbus corneæ, and to the inner and lower side, over the ciliary body. He was examined by a prominent oculist immediately after the accident, who could not discover the foreign body, and concluded that it had possessed momentum sufficient to produce the wounding of the sclera only, without entering the eye.

Two weeks after the accident, on presenting himself for treatment, I found the iris inflamed and bound down, the aqueous turbid, and a yellow reflex from the anterior portion of the vitreous; has perception of light only; has had no pain for the last three days. He was admitted to the hospital and confined in bed, and the effort made to save the eye, although I felt confident, from the amount of mischief which had resulted from the injury, that the foreign body must be within the globe. The condition of the eye was improving under the treatment, and I thought the piece of iron, if present, was becoming encysted, and perhaps would cease to act as an irritant.

On the evening of the fifth day after admission to the hospital he began to have severe pain in the eye, which nothing seemed to relieve, and which continued during the night. The next morning he complained of throbbing pains in both eyes, and the well eye began to exhibit signs of irritation. Bell. seemed indicated, but gave no relief. I advised the patient to

have the injured eye removed. He consented, and the enucleation was made at once.

The remaining eye improved slowly after, showing that it had become more seriously affected than was apparent. For three or four days afterwards the light continued to appear red to him, and the paresis of accommodation disappeared still more slowly. The lachrymation and photophobia were relieved in a few hours by the removal of the other eye.

Under Phos., Bell., and Physostig. the color of the light has again become natural, and both near and distant vision normal.

An examination of the bulb after removal showed closure of the scleral wound, and a zone of episcleritis 5 mm. broad; the cornea and lens infiltrated. On equatorial section the vitreous was found very fluid, a plastic irido-cyclitis, with the anterior portion of the vitreous filled with thick yellow pus, and a large chip of iron, 3 mm. long, 2 mm. broad, and 5 mm. thick, imbedded in the ciliary body, just within the sclera and over the site of the wound.

HOMŒOPATHY VERSUS INTERMITTENT FEVER.

BY P. H. MASON, PH.B., M.D.,
PEEKSKILL, NEW YORK.

UNDER the above title there appeared in the May number of the *HAHNEMANNIAN* an article by my fellow-practitioner, Dr. Sterling Morrison.

Beginning with the quotation, "Ague don't care a d—n for homœopathy," he states that the saying has become proverbial, and he would seem to infer that no other remedies but Quinia had ever been used here, successfully, by any physician, previous to his "advent in Peekskill." It is to this inference that I desire to take exceptions, emphatically.

My experience in the treatment of intermittents in this locality has extended through a period of over four years. During the first year I prescribed for several persons, who have recently told me that since then (the spring of 1875) they have had no return whatever of the disease. It is unnecessary for me to add, that these cases were not cured by Quinia.

I can, with the doctor, verify the fact, "that in endemic fevers of certain malarious districts the indications for remedies are often very uniform, and yet different for each locality" (Dunham); and even more, that in these same localities, each

successive season, when the fever breaks out anew, a remedy differing entirely from that used before is necessary to control it. In 1875 the indications pointed to, and a majority of cases were successfully treated with Bapt., and in 1876 Bry. or Nux vom. was demanded; the season of 1877 Caps. and Eupat. per.; in 1878 Gels. cured the largest number. Following is a typical case of this year's production: Mrs. P——, æt. forty, never had chills and fever before; has felt tired and sleepy for a week past, least exertion completely exhausting her; head feels very heavy; great aching pain in the back in region of kidneys; constant desire to move; was taken with severe chill three days ago, in the afternoon, followed in about two hours by high fever lasting well into the night and going off with little or no perspiration. Paroxysm again the next day but one, chill coming on a little earlier; bowels inclined to diarrhœa—two loose passages. *R̃. Rhus tox.* 3d trit., a powder every three hours during the well day and up to noon of next. No return whatever of the disease.

Another patient, suffering from the quotidian type, exhibited nearly the same symptoms, with the addition of a sensation as of "a crushing weight upon the limbs; must move them in order to get from under the pressure." *Rhus tox.* dispelled the whole trouble.

With a few exceptions, all the recent cases presented this season have been completely *Rhus* cases. In one or two instances *Eupatorium per.* was given with success, having been indicated in preference to *Rhus* by the characteristic bone-pains throughout the entire body, even the fingers and toes aching severely.

All of the aforementioned remedies were used in the lower potencies, the 1st to 3d, I having utterly failed to get effects from any higher attenuations.

About a mile north of us is a creek coming down from among the hills and emptying into the Hudson. For quite a distance from the river the waters of this creek are controlled by the tides, and consequently at "low water" a large area of mud flats is exposed to the direct rays of the sun. Along the shores live many families, who, with hardly an exception, as soon as spring and warm weather return, are subjected to a "stereotyped edition" of intermittent. Many of these people have been in the habit of taking continuously large quantities of Quinine, and, of course, getting only temporary relief, they soon become saturated with the drug. Then it is that they appeal to the physician and beg "for anything else but Quinine." In the treatment of these cases, as well as any others which have

been similarly dosed, I have been wonderfully successful in the use of *Natrum mur.*, 3d trit., an occasional dose having had the effect of keeping the system in good condition for a whole season.

I am told by many of the older inhabitants, that years ago, persons, other than those living in the neighborhood of swamps or marshy grounds, never knew, experimentally, what it was to have the ague. Now I am frequently accosted by the following query: "Doctor, why is it that we and our neighbors, living away out here in the country, among the highlands, miles from any positively known malarious districts, are compelled to suffer annually from this distressing fever? What is the cause of it?" These people, many of them highly intelligent, have built their houses and drained the wasteways on truly scientific principles, an examination of which leaves no possibility of claiming a cause in that quarter; others have lived in the same old homesteads for years and have never till recently been troubled.

Our climate has, lately, and particularly this season, been subjected to many rapid and sudden changes in temperature; variations of from twenty-four to thirty-six degrees Fahr. in eight hours have been noted. It is just at these times that our country people suffer most. Perhaps some invisible link may connect these facts with the ague on the hill tops. What of it?

PUERPERAL MANIA FOLLOWING A REPELLED ERUPTION.

BY MRS. C. T. CANFIELD, M.D.

(Read before the Medical Association of Northwestern Pennsylvania.)

MRS. A., age twenty-two years, American, dark hair and eyes, primipara. During pregnancy she manifested unusual joy and fond anticipation at the prospect of soon becoming a mother. She was confined in October, 1876. The labor was normal, not unusually severe or protracted, and friends and physician looked for a speedy convalescence.

About the tenth day her nurse observed a peculiar wildness of manner, which rapidly developed into a severe type of puerperal mania. Upon consultation we decided to send her to Middletown Insane Asylum, where she could receive that constant care and attention she so much needed. She returned in five months cured. Five weeks after her return she called upon me to prescribe for a facial eczema, which involved both ears, forehead, and a portion of the scalp. The eruption pre-

sented a dark-red, swollen base, with occasional watery pimples or elevations, while most of the surface was covered with white flakes or scales that would loosen, become detached, and others form in their stead. I gave her *Ars.*³⁰ in the morning, and *Rhus tox.*³⁰ at night.

In about a week she returned much worse than before, the eruption covering the entire face and scalp. I made a more thorough examination, found the burning and itching were always worse after midnight, and accompanied with restlessness and thirst for small quantities of water. This, with the character of the eruption, convinced me that *Arsenicum* was the remedy. I placed a dose of the 2000 dry upon the tongue, and gave powders of *Sac. lac.* for morning and evening.

In ten days the husband called for more of the last remedy; had never seen medicine do so much good. Eruption was rapidly disappearing and general health improving. Gave more powders of *Saccharum lactis*, with instructions to return in ten days. When he again appeared he reported the eruption cured, leaving only a slight redness of surface, which in a short time disappeared.

Upon inquiry I found that, previous to pregnancy, she had been affected with a similar eruption, which was cured by applying a white salve, prescribed by her physician (a "regular").

I have no doubt but that the repelled eruption was the predisposing cause of her insanity. The peculiar susceptibility of the nervous system during the puerperal period, wrought upon, as it was in her case,—first, by excessive joy after the birth of the child; second, by financial difficulties, inadvertently mentioned by her husband, and indiscreet visits from young friends,—will readily suggest the exciting causes.

She has since passed through another pregnancy and labor safely, and made a good recovery, with no disturbance of the reason.

VERTIGO—CONIUM MACULATUM.

BY J. MARTINE KERSHAW, M.D.,
ST. LOUIS, MO.

I WAS called to see an old lady, fifty-three years of age, whom I had suspected for some time was a sufferer from obstruction of the cerebral arterial circulation, with a probability strongly in favor of ultimate softening. The pupil of the right eye was dilated considerably; there was numbness and ting-

ling of the left arm, and at times quite severe pains of a rheumatic character in the same arm.

She was lying in bed upon her back, and was compelled to lie perfectly quiet in that position because of a very distressing vertigo which ensued on making the least motion. She could not turn over, rise up, or make any motion whatever without bringing on the vertigo. She, however, experienced the dizziness even when absolutely quiet. I prescribed Conium 3d. every hour the first day, and every two hours the day following. I called the next day towards evening and found my patient sitting up, all traces of vertigo having disappeared.

EAGLE CLIFF LETTER.

EAGLE CLIFF, NEW YORK, August, 1879.

DEAR HAHNEMANNIAN: Our postmaster says, "You are the prettiest book that comes in his official bag, and it is a real delight for him to deliver the copies in our little place." They are not so many, to be sure, but we are having a sort of revival, and quite a number of old-school doctors, who are tired of supporting the druggists in affluence, are borrowing you, and browsing on the tender crop of wisdom which you furnish monthly.

Practice has been rather dull lately, and we have determined to do something to astonish the natives. We have long been considering the great loss to science and humanity resulting from our confinement to the narrow sphere of family physicians, and, in order that our great talents may not be lost to the world, we have resolved to establish a medical college.

This place has for many years felt the necessity of a liberal medical school, and we are going to teach in such an unbiassed way that we shall harmonize all differences between conflicting pathies, and finally receive absolution and be taken into full membership in the "regular" school.

To be sure, we are a little out of the maelstrom of commerce, surrounded by dense forests and great inland seas, are rather nearer to Ursa Major and Sitting Bull than is comfortable, and have a climate cold enough to freeze the notes of a Robert o'Lincoln; but the mind of man annihilates distance and overcomes all obstacles, so we shall not let little things obstruct the great car of progress, but go on in the glorious career we have marked out for ourselves.

We have already secured a deserted fire-engine house, which

has large doors, and a bell-tower on the roof, and it looks very imposing, especially on paper.

We shall convert the cellar into a dispensary department, and when we add the other departments, which the college men living in town think must be soon, as several of them must have some employment since legal and spiritual affairs languish, we shall use the bell-tower for an astronomical observatory.

Every doctor engaged in the movement will donate his anatomical and pathological specimens, his old instruments, useless splints, trusses, charts, and books to the new institution, which will form the nucleus of a collection that we hope will rival the Boston Museum of Natural History, or even the Smithsonian Institute.

You need not say anything about it, but a new cemetery has been started in a lonesome part of the forest, and, as our inhabitants are superstitious, we do not apprehend any difficulty in getting subjects, though we shall respect the bodies of those who die greatly lamented, or who have influential friends.

We have filled all the chairs in a very agreeable manner, and fortunately we just had enough to go around, and take in every doctor of indefinite opinions in the county. We have eclectics, Thomsonians, hydropaths, electropaths, allopaths, and homœopaths, and the various opinions held by different members of the faculty will redound much to the benefit of our graduates, especially if they wish to enter the army or navy.

No one was foolish enough to let his convictions stand in the way of his professional aspirations, but we arranged the appointments so as to put those who did not believe *much* in homœopathy in the scientific chairs, where they can allude to mechanical, chemical, hygienic, and preventive medicine, and not commit themselves to Hahnemann's doctrines. In the other chairs we have put the representatives of systems, so that all kinds of treatment may be taught, but each will neutralize the other in a measure; thus, the Thomsonian, who believes in hot drinks and sweating, will have his lectures sandwiched between the hydropath's, who thinks cold water outside and inside the *magnum bonum Dei*. The eclectic will teach on Monday that minerals and metals should be banished from the Pharmacopœia, and the allopath on Tuesday will antidote him by recommending twenty-grain doses of Calomel and quarter grains of Nitrate of silver. But the electropath and homœopath will work in harmony, because one applies his electrodes to the surface of the body, and the other gives his medicine

internally, and each is ignorant of the other's field. The homœopaths in the faculty are firm believers in the efficacy of emetics, purgatives, injections, protectives, diluents, astringents, emollients, and vermifuges, and have subscribed to the resolutions of the New York State Homœopathic Society, so that anything the other members might do could not be far astray. We have established a rigid preliminary examination, but will accept any preceptor's certificate of competency rather than send students away; and those who can read a little French or German, or know any Pennsylvania Dutch, may have the knowledge taken as an equivalent for Latin prose reading. We shall thus be able to gather in a large class, which will stand high in the estimation of the country, owing to the ordeal through which they will have passed to become enrolled as matriculates. We shall exercise a broad charity, and teach and graduate every poor devil without money who applies, because there is many a "mute inglorious Milton" beneath a stableboy's jacket or a tramp's ragged shirt, and they will swell the class to respectable proportions. We shall also afford every facility to lady students, furnish them with white gloves for dissection, and excellent Florida water to remove unpleasant odors, and one of the faculty will accompany them to and from the college, that they may be protected from the rude gaze and ruder remarks of wild students, who are invariably found among the earnest lovers of knowledge. Deeply impressed with the value of time, and recognizing its great waste in other colleges, where there are such exhibitions of specimens, charts, and cases (and not having many ourselves), we have made our term shorter than elsewhere, and students will be quizzed by each professor part of his lecture hour, that no unpleasantness may occur at the grand ordeal.

Quite a number of distinguished gentlemen have permitted us to use their names as curators, but you know this is merely formal and fashionable, as they cannot afford to waste their time and money looking after *our* business.

Now, with such a perfect and harmonious organization, such definite and inclusive principles, such earnest and liberal teachers, and such cheap board as we have up here in the woods, who can doubt our success? The prospects are brilliant already, for Jones' farm-hand, who has one foot crippled, thinks he can study medicine during the winter months, after the wood is chopped, and not lose much; and the grocer's boy, Sam, has announced his determination to become an M.D., if we will accept his knowledge of weights and measures as

equivalent for one year's study, which proposition has been submitted by the dean (your humble servant) to the faculty.

Perhaps skeptics, and those allied to other colleges, may not see the necessity of another medical school, when there are already a dozen homœopathic and over fifty allopathic and eclectic colleges in the United States, but we know the necessities of the times, the disposition of the profession, especially in this place, and *we* see the need. Where, may I ask, can you find another medical college so liberal? where one that teaches all the pathies and all medical science in two short winter terms?

We had considerable trouble agreeing upon a name, but as homœopathy is very fashionable, and several of the faculty wished it known that they had been looking into the system, it was decided to call the institution THE HOMŒOPATHIC MEDICAL, SURGICAL, OBSTETRICAL, AND GYNÆCOLOGICAL UNIVERSITY. The old engine-house sign over the door, that formerly had "Excelsior No. 2," now bears the name in brilliant golden letters, that were paid for by a slight assessment upon each member of the faculty. We have had to pay for many other things out of our own pockets, but we trust believers in modern homœopathy and a great rush of students will amply repay us.

We anticipate much pleasure and profit to ourselves this winter, for it is very gratifying to be a professor, and we are very rusty upon medical affairs in general.

We count upon your hearty support, because it is hinted around that the HAHNEMANNIAN is the organ of the progressive men, and of course you must favor so sweeping a reform as we have inaugurated.

If there are any physicians down your way who have new students, send us their names; perhaps they would like to be curators.

I cannot write any more, I am so excited in contemplation of the brilliant career which opens before us, but our annual announcement will be sent to you before long, and all your subscribers up here expect you will give us a handsome notice.

Yours fraternally,

DR. CARESWELL.

P.S.—I forgot our motto, here it is: "*Regni cupiditate inductus conjunctionem fecimus.*"

SULPHUR IOD. IN DISEASES OF THE BLADDER.

BY T. L. BRADFORD, M.D.,
PHILADELPHIA, PA.

Case 1. Mr. G——, æt. 50 years, a fisherman, has been strong and robust. Had been ill for about four months. His physician told him he had stone in the bladder, but did not relieve him. When I was called the symptoms were: burning at the end of the penis, dull pain in prostatic region, weakness across the kidneys, frequent desire to urinate with but slight flow; he had had some years previous an attack of gonorrhœa, of which he had considered himself cured. He was eating very little, did not go out of doors, and was much discouraged about himself. He had a short time before felt something hard pass from the penis while urinating, but did not see it.

I put him on a full nourishing diet, ordered out-door exercise, and gave Sulph. iod. 3^x trit. three times daily.

He took no other medicine, and in six weeks' time, the pains were gone, he was able to go to his work, and said he felt perfectly well.

Case 2. Mr. J——, advanced in years. His wife came to my office reporting: constant desire to urinate, with slight discharge, the water looking white and cloudy.

R_x. Sulph. iod. 3^x as before, which very greatly relieved.

Case 3. Mr. S——, æt. about 40, strong and robust-looking. Has been subject to very violent attacks of pain in renal region, with shootings down ureters. I never saw an attack, but his physician had diagnosed renal colic.

Present symptoms: pain and weakness across kidneys, constant desire to urinate, urine thick and whitish, containing a creamy sediment.

R_x. Sulph. iod. 3^x, as above, followed by Sulph. iod. 6^x dilution after a time. I commenced to treat him on April 27, 1879. He has had no attack since; the back is now strong; says he feels like a new man.

I think Sulph. iod. to be adapted to impending stricture after gonorrhœa, especially when chordee is present. My first use of it was in such a case with chordee, very painful urinations, twisted stream, yellow discharge.

I had tried all the remedies I knew of without success, and was led to give the Iodide of sulphur, which promptly cured the whole trouble, stricture and all. It is useful in catarrh of the bladder in old people.

The symptoms calling for its use are: pain in the prostate gland; constant insufficient urination; feeling of weakness in bladder; incontinence; mucous deposit in urine. I have used it for a year, and have yet to see a case having the above symptoms that it has not relieved.

PROVING OF HYPOPHOSPHITE OF LIME.

BY A. R. BARRETT, M.D.,

RICHMOND, VIRGINIA.

I HAD just been reading a pamphlet upon the use of Hypophosphite of lime in phthisis, and having some of the 2d decimal trituration I experimented a little with it. A friend was in my office at the time who took some also; we each took one grain. The symptoms which followed within an hour, and continued possibly an hour or more, are these: We first felt a dull heavy pain, pressive, on top of the head, across the whole top, between the frontal and occipital bones; it gradually increased and we correspondingly grew gradually more depressed in feelings; then followed great fulness and sensation of oppression around the heart, and a fulness throughout the whole thorax and head, the veins upon the hands, arms, neck, and head standing out like cords; no flushing, no perceptible increase in pulse; had a difficulty of breathing, must have window open; profuse sweat all over; limbs *perfectly powerless*; unable to arise from the chair, or move either arms or legs in the least; gradually we found ourselves unable to speak except in low monotone, evidently from muscular inability. There seemed to be a *total loss* of all desire, together with inability, to move or make any muscular exertion. These symptoms were perhaps an hour reaching this point, lasted about half an hour, then began gradually to pass off. As they did so the pain left the top of the head and passed to the forehead; pain extending from right to left temple throughout the extent of the whole frontal bone, a dull pressive pain; the muscular system gradually recovered its power of action; sense of dilatation and oppression around heart and thorax passed away, and finally we were left with only a sense of mental depression.

There was no pain anywhere except that mentioned. We are both under 40 years of age (between 35 and 40), weigh about 120 or 125 lbs., light complexion, light hair, nervo-sanguine temperament, both in good health. I have never seen any proving of Hypophosphite of lime.

It seemed evident to me that the nerve centres were powerfully affected, and that the symptoms were of a paralytic nature. When the symptoms had passed off our lips seemed dry and cracked as from fever, and we had considerable thirst, but the pulse showed no variation from its normal condition (75 to 80), except possibly being a little more feeble than usual, part of the time; temperature was normal.

OUR ENGLISH LETTER.

IN his Summer Course Dr. Hughes is treating his students, at the London School of Homœopathy, to a series of lectures on "Comparative Materia Medica." He is to show how medicines allied in family are allied also in action, and how they differ; and how medicines that have not the remotest family connection still exhibit a strong affinity for the same particular organ or organs of the human body. Treated as the subject is sure to be with the lecturer's well-known thoroughness and scholarship, the lectures cannot fail to be of great value. We shall look for their appearance in print.

We are frequently told by our opponents that, compared with the cases reported in the journals of the old school, the cases that find entrance into the pages of our journals are paltry.

There is, no doubt, a marked difference; and the average amount of clinical interest is much greater in the former than in the latter. The expositions of disease in the clinical lectures at the various schools, reports of which appear in the weekly journals, are often masterly.

There are many causes which contribute to bring about this difference, but the chief cause is not far to seek. Our journals are devoted to therapeutic science, and only cases of therapeutic interest are admitted. If all the cases that have no therapeutic value were omitted from the old-school journals, they would not have many left. Therapeutics is a hopeless subject in their eyes, deserving a passing notice and little more. It is not yet scientific enough to claim serious consideration.

Here is a case that will illustrate what I mean, from one of the London weeklies. A woman was admitted into one of the hospitals, Nov. 5th, 1878, with "aortic regurgitation and obstruction—dilated aorta and hypertrophy of the left ventricle." The case is very well reported as far as the disease is concerned, but what about the treatment? We don't hear anything of that till the 15th of December, and this is how it is intimated:

"She vomits her food and *medicine*." So she has been taking medicine! But that is such a trifling matter it is not worth while naming what it is. 14th December, "The vomiting continues. She has been ordered a mixture containing five minims of Ipecacuanha wine, and four minims of dilute Hydrocyanic acid to be taken every hour." 15th December, "The vomiting and retching have ceased." A fair sample of the boasted homœopathy of the Ringer-Phillips school. No *reason* is given for the choice of the medicine, and no explanation offered, and yet this passes for "*rational*" medicine!

At the end of an interesting report of another case in the same journal, the reporter expresses a regret that he has "omitted to note his prescription in this case!"

Each week much space is devoted to the transactions of the Pathological Society. I should be the last to discourage the study of pathology, as some homœopaths are too apt to do, but medicine is a subject that should be studied systematically. At present the study is very much "lop-sided." Members of the *healing* art should at least spend a fair share of their talents on the subject of *healing*, and not be content to spend their best energies in deciphering what they have failed to heal.

The Practitioner, a monthly journal, is an exception to the rule above, and is devoted chiefly to therapeutics. It is most interesting to compare cures there reported with pathogenesis in Allen. It is refreshing, too, to read of discoveries, such as of the value of Bryonia and Drosera in whooping-cough, and to be informed that Arsenic has been found by Dr. Somebody to be of great value in fatty degeneration of the heart, "*in spite of the fact* that Arsenic causes the same in animals which eat it in large quantities!" If he looked, the doctor would probably find all his cures had been worked *in spite of* similar facts.

JOHN H. CLARKE, M.D.

IPSWICH, ENGLAND, June, 1879.

THE INDIANA INSTITUTE OF HOMŒOPATHY.

THIRTEENTH ANNUAL SESSION.

THE delegates met April 30th, in Plymouth Church, Indianapolis, and proceeded promptly to business. President, C. T. Corliss, M.D., delivered his address.

These gatherings, he said, had become sources of pleasure and

profit to the members of the profession. Hahnemann was made the object of eulogism, and characterized as one of the greatest benefactors of mankind, who, in spite of all opposition, in the face of bigotry and superstition, single-handed and alone, went forth like a David of old, and with the little pebble of truth fought the prejudices of the past. He won a glorious victory, the fruits of which we enjoy to-day. He referred briefly to the growth of homœopathy in this country, and drew natural conclusions therefrom. The reading of the address was received with marked approval.

BUREAU OF MATERIA MEDICA AND PROVINGS, O. P. Baer, M.D., chairman.—Dr. O. P. Baer, of Richmond, read a paper on “The Materia Medica, Generally and Specifically Considered.” He said our Materia Medica is not commensurate with our wants, though the physician racks his brain for more potent agents. To relieve pain is the mission of the true physician. He referred to the four kingdoms of nature—the vegetable, animal, mineral, and elementary kingdoms—from which the 300,000 remedies are derived, and said that not more than 1000 of this vast number are well known. Allopathy he characterized as not a science but a medley, wherein it differs from the only true and scientific system of Materia Medica, which is established upon truth. In curing disease the potency is of secondary importance, the similia being that which is all-important. This was illustrated by several hypothetical cases, and by a miraculous cure of ovarian tumor by the use of “Lachesis.” Several other cases, in which different remedies were used, were referred to in illustration of his theory. A statement made by the doctor, that although there is still a great amount of ignorance in the medical profession, even among homœopaths, they were far in advance of their deluded brethren, the allopaths, who have given to the world a mixed and false system of Materia Medica, and in the future the world will have to look to the truths, as laid down by Hahnemann, for the only true system of Materia Medica, was received with marks of approval.

Dr. W. L. Breyfogle briefly discussed the propositions made by Dr. Baer, saying that in many of the cases of quick cures the patient would recover if let alone. This was objected to by Dr. Coperthwaite, who did not think it advisable for homœopaths to make such assertions. Dr. Breyfogle replied that the trouble was in being led astray by unreliable symptoms, and more reliable guides are wanted. Dr. Wilson

thought physicians were liable to be led into mistake by keynote symptoms, unless the conditions are understood

Dr. Hawkes commended the whole of the paper. Each remedy has its individual characteristic, and if two can be found having the same characteristics, one is redundant and superfluous, and should be thrown out of the *Materia Medica*. The distinguishing features of the remedy should always be understood.

"Characteristics or Keynotes," a paper, prepared by Dr. A. McNeil, of New Albany, was read by Dr. Coperthwaite. It was brief, but caused a sharp discussion. Dr. Breyfogle objected to furnishing certain symptoms, as keynotes. Drs. Wilson, Taylor, and others spoke briefly on the paper.

Dr. Coperthwaite read a paper on "Tartar Emetic, and its Use in the Treatment of Capillary Bronchitis." The essay referred briefly to the recommendations of various authors on the subject, and also to personal practice. The author did not believe in specifics, and did not think any specific had ever proven otherwise than a curse to the believer, and the remedy as well. The Secretary read a paper, by Dr. George M. Ockford, of Burlington, Vt., on "Psychological Treatment of Disease." Esculapius cured by working on the imagination, and the mind has a great influence over disease.

Dr. Taylor wanted the privilege of raising his still, small voice against psychological treatment of disease. It had no business to be discussed by homœopathic physicians. They teach that disease is cured by medicine; he didn't think much of nature; nature has been lauded altogether too high; he didn't believe nature or the influence of the mind ever cured any disease; he didn't believe in spontaneous cures. It was a visionary disease, a mere vagary.

Dr. G. W. Bowen, of Fort Wayne, showed that the mind had a great influence over disease, not in inducing or curing, but in accelerating the ravages or cure of it.

Dr. O. P. Baer recognized that there are two worlds, the spiritual and the physical; the spiritual is the cause, the physical the effect, and the body is the result of the growth of the soul, and that any but a materialist can say that one mind has no influence upon another, he could not conceive.

Dr. Corliss said that in 1856 he was called to attend a young lady, who had been drugged for weeks for chills and fever. He found her a very impressionable patient, and in a short time had her in proper psychological condition; she could do nothing of her own volition, but was entirely under his control. He kept her in this condition until the time had passed when

she should have the chill, but she had no chill, and never had another. He also related several other instances of cures wrought by imagination.

BUREAU OF CLINICAL AND PSYCHOLOGICAL MEDICINE, Samuel Maguire, M.D., chairman.—Dr. E. W. Sawyer read a paper on “Alveolar Abscesses,” and discussed its causes, symptoms, and treatment, saying it was a subject upon which much erroneous opinion prevailed.

Dr. Breyfogle objected to the paper. He said it ought to be read to a dental association.

Mrs. Dr. Dunlap was glad the question had been introduced, as she had treated such cases, one especially, which had been treated by a homœopathic physician for five years as cancer.

Dr. W. P. Armstrong, of Lafayette, read an interesting paper on “Therapeutics of Rheumatism,” showing that a homœopathic physician cures such cases in a few days, while the treatment of an allopathic physician lasts for several weeks.

Dr. C. S. Fahnestock did not approve of making comparisons with the old school. Inflammatory rheumatism should not last more than ten days, when treated according to homœopathy. Dr. A. C. Jones agreed that it required from three to five weeks to cure rheumatism under allopathic treatment. He gave instances of cures by himself, by the use of Aconite alone, and also other remedies, in an incredibly short time.

A paper by Dr. T. C. Duncan, of Chicago, on “Atrophy of the Lymphatics and Pernicious Anæmia,” was read by title, and referred to the Committee on Publication, and the same disposition was made of a paper on “Anæmia” by Dr. T. C. Hunter, of Wabash, Ind. Dr. W. H. Blakely read a paper on “Complicated Syphilis.”

BUREAU OF DISEASES OF CHILDREN, F. L. Davis, M.D., chairman.—The Secretary read a paper prepared by Dr. T. C. Hunter, of Wabash, on “Membranous Croup, its Pathology and Treatment.” False or catarrhal croup and non-malignant diphtheria are easily treated, and patients will generally recover without the aid of medicine, but membranous croup and malignant fever are among the most deadly of diseases. He had never known but one case of membranous croup cured by an allopathic physician.

Dr. Runnels solicited an expression from the members in regard to the difference between diphtheria and scarlet fever, and what is the relation between the two diseases, and will

producing perspiration in cases of diphtheria have any effect, and what will be the effect?

Dr. Taylor thought perspiration induced by a vapor-bath injurious. He had found it so, especially in a case of a child, which he lost.

Dr. Sawyer had had diphtheria, and knew whereof he spoke. He recovered rapidly after having been thrown into a profuse perspiration. He had taken Lachesis. Dr. Taylor wanted to know if he thought he had been cured by the Lachesis. "I have no more doubt of it than that you stand there; it could not have been otherwise," replied Dr. Sawyer.

"I have often been called upon to witness such credulity in the laity, but never before in a member of the profession," replied Dr. Taylor. Whereupon Dr. Sawyer proceeded to say, that he had lost but three cases in three years.

BUREAU OF SURGERY, W. F. Becker, M.D., chairman.—Dr. C. S. Fahnestock read a paper entitled "Ten Surgical Cases, Successes, Mishaps, and What They Practically Teach."

The 10 cases were, lancing a felon, uterine hæmorrhage after abortion, hæmorrhage from the urethra, ovariectomy, a sprained wrist, aspirating the intestine as a palliative measure, compound comminuted fractures, vaginal elytroraphy for prolapsus of the bladder, uterus, and rectum, spinal curvatures (lateral), and removal of a wen. These were cases which had come under the essayist's own observation. He described the symptoms and manner of treatment. Dr. T. P. Wilson expressed his high admiration for the paper, which he considered one of the most admirable papers on surgery he had ever listened to.

Dr. J. T. Boyd thought the paper so excellent, it should pass without comment. He agreed with the essayist and Dr. Wilson that medicines will often prevent the necessity of using the knife, and mentioned a case wherein a limb had been saved by the use of the homœopathic remedies, after allopathic physicians said amputation was necessary to save the life of the patient. A discussion ensued on the question of curing hæmorrhoids with or without the use of the knife, it being held by Dr. Breyfogle, that cures could not be effected by the use of internal remedies, especially in some cases; Drs. Sawyer, Coperthwaite, Eggert, and Boyd, however, dissenting, and citing numerous cures by the use of Sulphur, Aloes, etc.

BUREAU OF OPHTHALMOLOGY, Moses T. Runnels, M.D., chairman.—The Secretary read a paper on "Hæmorrhage Be-

tween the Retina and Choroid," prepared by Dr. George S. Norton, of New York city. The doctor related a case in point, in which the patient was a lady. The symptoms were traced from the time of the beginning of the hæmorrhage till the cure, the method of treatment and remedies used being given. Dr. Woodyatt, in discussing the paper, said ophthalmology is not a separate and distinct department of medicine, though there be those who think so. His opinion was, that it should be well understood by the general practitioner.

Dr. Taylor thought the paper was one on a specialty, and had he been in the room when it was introduced, he would have moved to refer it to the Committee on Publication without reading. A discussion of the subject, he thought, could be of no practical benefit to the Society, especially as "the method of Dr. Norton's treatment is evidence of the valuelessness of the paper."

Dr. M. T. Runnells said, that he was much pleased with the report of Dr. Norton, inasmuch as the doctor has shown the use of Lachesis in the treatment of hæmorrhage between the retina and choroid. He did not agree with the previous speaker that a knowledge of ophthalmology is not indispensable to the general practitioner. It is true that the physicians of Indiana, as a class, know but little in regard to the diseases of the eye and ear. He had often followed physicians in the treatment of cases, where the greatest mistakes were made in diagnosis. It is very necessary that the general practitioner should know how to diagnose and treat diseases of either eye or ear.

Dr. W. H. Woodyatt, of Chicago, read a paper upon "Diseases of the Iris," which was very interesting, and gained a vote of thanks.

Dr. A. C. Jones read an interesting paper on "The Loss of Vision from Gunshot Wounds." He related the case of a patient, who had been shot in the neck and left side of the face with bird-shot, from which loss of vision resulted. His manner of treatment received some attention. Belladonna was used.

BUREAU OF SANITARY SCIENCE AND CLIMATOLOGY, P. B. Hoyt, M.D., chairman.—Dr. W. L. Breyfogle read an entertaining paper on "Yellow Fever." The symptoms, manner of attack, and progress of the malady received attention. The case becomes aggravated in from twenty-four to thirty-six hours, and soon vomiting sets in, and finally delirium in from four to five days, when death results. The disease is divided into three types,—the continuous, intermittent, and remittent. That the

solar plexus is the principal seat of the disease called yellow fever, has been satisfactorily demonstrated by examination of the bodies of patients who have died of the disease. The mortality increases as the disease progresses. The intermittent is the most favorable type, next the remittent, and the most to be dreaded is the continuous.

The paper was one well prepared, and was submitted to the American Institute at its meeting this summer.

In discussing the report, Dr. Taylor scouted the idea of sanitary science, and the assertion that the germs of disease are carried in the air, saying that, it was giving God Almighty credit for but little common-sense to so constitute air as to be able to carry disease and death from place to place. Dr. Bowen read a paper on "Hygiene," which closed the morning session.

BUREAU OF EPIDEMICS, C. T. Corliss, M.D., chairman.—Dr. Corliss read a paper on "Scarlatina." Scarlet fever is divided into three classes, and belongs almost exclusively to childhood. One reason why it seldom attacks adults may be that by the process of evolution the germ may become eliminated. The three classes are simplex, anginosa, and maligna. Under favorable circumstances but little treatment is required beyond nursing. When the throat is predisposed in consequence of scrofulous taint, having an affinity for those parts to glandular enlargements, etc., it is then that this scarlet fever diathesis, when aroused into action, concentrates all of its morbid force upon this one point, and the mingling of these two morbid forces results in the destruction, to a greater or less extent, of wall structure of the glands of the throat. No child, inheriting a scrofulous taint, contracting scarlet fever, ever escapes this result. The malignant form is that which is most to be feared, as it often resembles variola, vesicles becoming confluent, eyes swollen, etc. In the treatment of scarlatina simplex he would prescribe the same remedies used for catarrhal fever, common colds, etc. For anginosa he would use the same remedies as in tonsillitis with catarrhal complications. In treating the disease in the third stage, he uses the same remedies as in treating malignant typhus.

A paper on the "Poisonous Effects of Tobacco," by R. S. Brigham, of Cincinnati, was referred to the Publication Committee.

BUREAU OF MICROSCOPY, L. W. Carpenter, M.D., chairman.—Dr. J. R. Haynes read a startling paper upon "Swill-Milk." (See last number of this journal.)

BUREAU OF GYNÆCOLOGY, W. H. Taylor, M.D., chairman.—Dr. Taylor read a good paper on “Climacteric Congestion.” Dr. J. Burroughs read another upon “Hysteria.”

BUREAU OF OBSTETRICS, J. T. Boyd, M.D., chairman.—An exhaustive paper on “The Use of the Forceps between the Straits,” was read by Dr. J. C. Sanders, of Cleveland. The subject was handled in a masterly manner, and a vote of thanks was tendered. (Received for publication.)

Dr. G. W. Bowen read a short paper on “Retained Placenta, and Treatment.” He claimed that there was not the slightest cause for alarm in cases of that kind, as in a short time it will become all right. A paper by Dr. C. H. Viehe, of Freelandsville, on “Protracted Pregnancy,” was received and referred without reading.

The next business in order being the annual election of officers, Drs. Taylor and Compton were appointed tellers. Dr. Runnels suggested that the officers be selected from outside the city, so that it would not appear as if the Institute were run by Indianapolis.

The election of officers resulted as follows: President, W. H. Taylor, Crawfordsville; First Vice-President, A. C. Jones, Connersville; Second Vice-President, C. S. Fahnestock, Laporte; Secretary, M. T. Runnels, Indianapolis; Treasurer, J. R. Haynes, Indianapolis.

Censors, William Eggert, R. S. Brigham, O. S. Runnels, Indianapolis; W. L. Breyfogle, Louisville, Ky.; W. H. Blakeley, Bowling Green, Ky.

Delegates to the American Institute, W. L. Breyfogle and W. H. Taylor. Alternates, O. P. Baer and William Eggert. The Institute then adjourned.

OPHTHALMIC AND AURAL EXAMINATIONS DURING THE PROVING OF REMEDIES.

ACTION OF THE AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY ON THE SUBJECT.

BUFFALO, N. Y., July, 1879.

To the Chairman of the Bureau of Materia Medica, Pharmacy, and Provings in the American Institute of Homœopathy, Jabez P. Dake, M.D., Nashville, Tenn.

AT the third annual session of the American Ophthalmological and Otological Society, held at Fort William Henry

Hotel, Lake George, June 24th and 25th, 1879, the following motion prevailed:

That a committee of three be appointed by the President of the Ophthalmological and Otological Society for the purpose of conferring with the Chairman of the Bureau of Materia Medica, Pharmacy, and Provings in the American Institute of Homœopathy, with the view of perfecting the ophthalmic and aural examinations during the proving of remedies.

In fulfilling the spirit of this motion, the committee would suggest to the Bureau, the advisability, should it meet your approval, of having careful examinations of the eye and ear made by specialists before, during, and after the action of the drug; the former, to determine the condition of the visual function, of the fundus, of the accommodation, of the refraction, and of the extrinsic muscles; and the latter, to show the state of the external auditory canal and membrana tympani, with a careful record of the hearing power.

All of which is most respectfully submitted.

F. PARK LEWIS, M.D., Buffalo,
H. C. HOUGHTON, M.D., New York,
W. H. WOODYATT, M.D., Chicago,
Committee.

Inasmuch as there will be no meeting of our Bureau before next June, and, in view of the importance of the suggestion made in the above communication, I deem it my duty in this manner to bring the subject at once before the profession.

I am sure I represent correctly the mind of each member of the Bureau, when I say that, the appeal will not prove an idle one so far as we are concerned, and that we will take such action in the premises, when we meet, as the importance of the suggestions and the high standing of the Society, whence they emanate, seem to demand.

For myself, I need hardly say that, this action of the Ophthalmological and Otological Society meets a very ready and hearty response.

At the meeting of the American Institute in Chicago, twenty-two years ago, in presenting the defects of the current methods of drug-proving and a plan for improvement, I laid down a proposition, the soundness of which is demonstrated from year to year, viz.: "The range of pathogenetic observations should be equal to that of morbidic."

And at the meeting of the Institute in Cleveland, in the year 1873, reporting upon the same subject, I said :

“Our knowledge of drug-symptoms must be coextensive with our knowledge of the symptoms of disease.

“The symptoms of disease are studied in the expressions of pain and discomfort gathered from our patients, and in whatever we may observe in their manners, general appearance, and morbid products, through the exercise of our senses, aided by all the tests of modern science.

“And exactly in the same manner and to the same extent must we study the effects or symptoms of each drug admitted into our *Materia Medica*.”

And in the discussion which followed the reading of my report, I said :

“By whatever signs disease has manifested itself to us, in abnormal sensations or abnormal appearances, by the same must every drug reveal itself to our understandings.

“As we study disease, so must we study drug-influence, not alone in its subjective, nor yet alone in its objective symptoms, but in all, in every direction, and to all extents.

“If, in disease, we observe the state of the pulse, the appearance of the tongue, and the expression of the face, we must do likewise when we examine an organism that is under drug-influence.

“If we apply the stethoscope, and thermometer, and speculum, and employ the microscope, ophthalmoscope, laryngoscope, and chemical reagents, in the one case, we cannot, as intelligently and conscientiously provers, neglect them in the other.

“Whatever modes and whatever means we require in arriving at a proper knowledge of disease, are required just as much in arriving at a knowledge of drug influence.”

I simply refer to such utterances to show how ready I am to second the efforts of the Ophthalmological and Otological Society, and also what has already been done to arouse the profession to a sense of what is lacking, and of what may and should be supplied in our *Materia Medica*.

In the August issue of the *HAHNEMANNIAN MONTHLY*, I am pleased to see an able article from the pen of James A. Campbell, M.D., of St. Louis, entitled, “*HINTS TO PROVERS REGARDING THE EYE AND EAR.*” In order to carry out the suggestions made in this article, as well as in the communication from the Ophthalmological and Otological Society, drug-provers must be situated where specialists, or experts, may be

had to employ instruments in the examination of the eye and ear.

The best opportunities afforded for this work are in the classes at our colleges, especially where both male and female students congregate for several months in the year.

It would not be a difficult matter for the professors of *Materia Medica*, in the several schools, to agree upon a number of drugs, known to have a decided influence upon the eye or ear, which, with the aid of the lecturers upon diseases of the eye and ear, they could subject to a thorough proving in the course of one term.

But, allow me to say, in conclusion, that those, who essay to treat affections of the eye and ear, are not alone in finding the *Materia Medica* deficient when they search for the *similimum*.

Whenever one of our schools steps forward with a satisfactory experimental department, for the proving of drugs, in a systematic and thorough manner, so as to meet the reasonable wants of all who desire to follow the homœopathic law in medical practice, it will find help coming from many quarters, and will accomplish a work, in value and permanency, far enough beyond any other work it can ever do.

J. P. DAKE, M.D.

WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

REPORTED BY WALLACE M'GEORGE, M.D., SECRETARY,
WOODBURY, N. J.

THE eleventh annual meeting of this Society was held at the West Jersey Hotel, Camden, on Wednesday, May 21st, 1879, at 11 A.M., Doctors Streets, McGeorge, Shreve, Edwards, Quint, Howard, M. B. Tuller, C. J. Cooper, Brown, Griffith, and Middleton present.

In the absence of the President and Vice-President, Dr. J. G. Streets, of Bridgeton, was chosen President *pro tem*. The Secretary's report showed increased interest and attendance during the year, and also in the number of papers read before the Society by its members.

The following officers were elected for the ensuing year: President, S. H. Quint, M.D., Blackwoodtown; Vice-President, C. J. Cooper, M.D., Camden; Secretary, Wallace Mc-

George, M.D., Woodbury; Treasurer, Joseph Shreve, M.D., Burlington.

Board of Censors: J. G. Streets, M.D., Bridgeton; E. M. Howard, M.D., and C. J. Cooper, M.D., both of Camden.

Dr. J. G. Streets was also elected delegate to the American Institute of Homœopathy, and Dr. S. H. Quint delegate to the New Jersey State Homœopathic Medical Society.

Reports of Bureaus being called, Dr. M. B. Tuller reported a case of Obstetrics, where the *os uteri* was dilated as large as a quarter of a dollar, breech presentation, was much delayed; whole weight of child held by one leg, which was pressed against the right ilium of mother. After much trouble the child was delivered dead.

Dr. Howard gave a warning against the use of insect powder, and related a case of poisoning following its use. In the discussion following, Dr. Streets asked for remedies used in *Rhus* poisoning. Dr. M. B. Tuller suggested rye flour; Dr. Streets paints with *Serpentaria*; Dr. Howard named *Bell.*, *Lach.*, and *Croton tig.*; Dr. Middleton mentioned *Bryonia*.

Dr. Brown related a case of cutting of tibial artery, followed by troublesome bleeding; the artery was ligated several times, but the patient finally died of pyæmia; abscesses were formed all along the line of the artery, even as high as the hip.

Dr. Streets mentioned a case occurring in practice of Dr. J. Moore, in which pyæmia set in after bathing, but recovered. Another case from injuries to hand died.

Dr. Shreve mentioned a case where patient died from a cut in the knee; lived about six months.

Dr. M. B. Tuller spoke of a case of hæmorrhage following extraction of a tooth, alternating with menstrual flow.

Dr. C. J. Cooper asked for a remedy in dropsy of omentum. Is under *Colchicum*. Don't know whether there is albuminous urine.

Dr. Streets asked for suggestions in a case of scrofulous synovitis. Both knee-joints affected. Is using *Sulphur*³⁰ and starch bandages.

Dr. Brown is giving *Calcarea sulph.* and *Bryonia* to a case. Has recommended electricity where the case is of traumatic origin.

Dr. C. J. Cooper mentioned a case cured by *Apis mel.* Dr. Edwards spoke of a fatty tumor in anterior surface of vagina, and asked what he should do. *Calcarea* is spoken of, but he doubts its efficacy. Dr. Shreve suggested *Hydrastis*.

Dr. Howard gave the following cases:

NEURALGIA.—A Lachesis confirmation. Mr. A——, aged forty, was cured a year previously of a dyspeptic trouble of fifteen years' standing by a single dose of Nux³⁰.

Has a very severe pain, commencing in *the inner canthus of right eye and extending upward and outward in a half circle* just above the superciliary ridge. Pain is dull, heavy, so severe as to disable him for all work; commences at 9 A.M., and goes off in the afternoon; *the skin is extremely sensitive to touch*; had lasted about a week. Lach.³⁰, two doses, were prescribed. The following day pain was very slight and has never returned, but the following day there appeared a pain in the small of the back, *worse after sleeping*, a symptom which had been very troublesome when suffering from rheumatic trouble six years ago, and which was relieved by liniments at that time. Gave Sac. lac., and all symptoms soon disappeared.

CASTOREUM.—Verification of a peculiar symptom. A patient applied to Dr. H. H. Cator a few weeks ago for relief of the following symptoms: For four or five weeks had noticed a rounded elevation in the centre of the tongue, which was gradually growing, and was extremely sensitive to the touch and to food, and was accompanied by a *drawing sensation*, as though a string was pulling the centre of the tongue towards the hyoid bone. The elevation had attained the size of a pea, and was surrounded by an angry, suspicious-looking base the size of a nickel five-cent piece. There was a burning sensation in the tongue. Castoreum was the only remedy known to have this *drawing* sensation. Two doses of 200 were given, and the entire trouble had disappeared at the end of a week.

Dr. Middleton related a similar affection of the tongue in an old lady, which, however, lacked the distinctive symptoms given above. His case he cured with Lyco.²⁰⁰, a single dose.

Dr. M. B. Tuller spoke of the use of *Kali carb.* where symptoms seemed to indicate Acon., Bell., and Nur. Eyes swollen, brilliant eyes, suppression of milk and lochia, were cured by *Kali carb.* Another case of erysipelas, eyes closed in the morning, could not get them open. Another case of rheumatism, worse at 3 A.M. Case of typhoid fever, preceded by rheumatism, intensely restless at 3 A.M., dispelled by *Kali carb.* In the last case, when typhoid fever had left, had asthma, and used Dulc., Lach., Bry., and, last, Ambrosia, which cured.

Dr. Streets, Chairman of the Bureau on Epidemic Diseases, then read a paper, principally about croupous pneumonia in adults, and catarrhal pneumonia in children. (See a future number of this journal.)

The President elect announced the following appointments of chairmen of the various bureaux :

OBSTETRICS.—Joseph Shreve, M.D., Burlington.

PRACTICE.—M. B. Tuller, M.D., Millville.

SURGERY.—E. M. Howard, M.D., Camden.

MATERIA MEDICA.—M. F. Middleton, M.D., Camden.

EPIDEMIC DISEASES.—J. G. Streets, M.D., Bridgeton.

On motion, the society decided to hold its next meeting at Cape May, and appointed the President, Secretary, and Dr. Middleton a committee to make arrangements, and instructed them to invite the State Society and Philadelphia County Homœopathic Medical Society to accompany the Society, after arranging time and place of meeting at Cape May. The Society then adjourned.

BÖTTGER'S TEST FOR GLUCOSE.

THE proper manner in which to perform Böttger's test is to add to the suspected urine a few drops of dilute solution of Nitrate of bismuth in Nitric acid, render the liquid alkaline with Carbonate of sodium, and boil. In the absence of glucose there will be merely the white precipitate of hydrate of bismuth, no matter how long it is boiled ; but, in the presence of the least trace of glucose, the hydrate will become oxidized, and the black precipitate will be produced.—Exc.

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

WM. H. WINSLOW, PH.D., M.D.,
EDITOR.

Vol. I.

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No. 9.

Editorial Department.

WHITHER ARE WE DRIFTING?—There was a time when all physicians were well-educated gentlemen; when to be a doctor of medicine was a passport to the best ranks of society, and a seat upon the stage at all meetings of prominent citizens; when pride in the good name of the profession of medicine kept rogues out of it, and the code of ethics was more rigidly observed than even the ten commandments.

Alas! this is so no longer. The slackness of medical preceptors and the multiplication of commercial ventures in medical schools have opened the doors of medicine to men of shallow brains and base characters; the moral atmosphere has become contaminated; the standard of fitness for the noblest calling upon earth greatly lowered, and physicians are now of no more account in communities than shoemakers and other shop-keepers.

We, as a class, are directly responsible for this, and the better men suffer social and professional degradation, because they have connived at wrong-doing, or have satisfied their consciences by a cowardly plea,—“It is none of my business.”

One cannot be a reformer without followers, and it is a thankless job to point out evils in institutions, and faults in representatives of our school, when all seem sunk into an apathy, like the ancient Greeks, whom even Demosthenes could not arouse to the menacing dangers.

Only a few weeks ago we chronicled the trial of Hahnemann College of Chicago, and though the Board of Health brought in a whitewash report, and martyred two irregular graduates to satisfy public opinion, the institution bears a stain which it will take years of well-doing to wash away.

Now comes a well-authenticated report from Cincinnati of the appointment of a very improper person as a lecturer in Pulte. In the whole homœopathic profession of that city it was impossible to find one worthy to fill the chair of chemistry, and so a man who floods the city with a newspaper, containing accounts of *his* marvelous cures of incongruous diseases, by *his* electro-thermal baths, and *his* electricity, in *his* Electro-Medical Institute, is elected to fill the aching void. The gentlemen of the faculty calmly accept the disgrace of such association, as if unconscious of it, and ask the alumni of all schools to send them students.

The effect of such action is far-reaching and pernicious in the extreme. The status of the lecturer is too well known in Cincinnati not to have his association with the homœopathic faculty and the college blazoned over the community, and we fully expect to see it appended in block letters to the next sheet of wonderful cures that is slipped under the doors of the citizens of Porkopolis.

Thus the shrewd organizer of baths and batteries, and wire-puller of corporations, elevates himself and his peculiar practices into fellowship with a regular homœopathic school, and pulls the school down, in the estimation of all thinking men, to the level of his own position in the community.

Not long ago we received a gorgeously lettered advertisement, in a journal published in Iowa, in which a secret preparation with wonderful properties was most lavishly praised by the proprietor, whose name was displayed in large type at the head. We were very much astonished to find appended to the doctor's name a long list of titles and memberships in respectable homœopathic societies. From them we learned that he had been a full professor in Cleveland College, and had held many other important and honorable offices in our school. The most of the offices were preceded by the convenient adverb "late" so and so. There was one which was *not* so preceded, and it read "Member of the American Institute of Homœopathy."

Now that man may be as wise as Socrates, and he may have done much for homœopathy; but, nevertheless, he is guilty of professional treason, and should be immediately made to feel the just indignation and scorn of professional men. If a man

wishes to go into questionable business, it is his duty to resign from fellowship with honorable men, and not disgrace a brotherhood which has nourished him. We hope the proper authorities of the American Institute will look into this particular case, and purge its body of one who is now doing his best to disgrace it.

If we expect to retain respectability as a school, and to keep the moderate status where our delinquencies have landed us, we must fearlessly apply the pruning-knife to those of low and high degree, who transgress not only the law but the spirit of the Code of Ethics.

THE "FIRST ANNOUNCEMENT" of the new Buffalo school has been scattered broadcast, and curious professional eyes are turned northward, where such an extraordinary amount of instruction is promised, and such a wealth of apparatus, wet and dry specimens, charts, plates, etc., is gathered in the one-story-and-basement building, with a cupola, in the "Queen City."

The "Queen City" has for many years felt the necessity of a liberal medical school, if no other part of the country has, and so, a few *new* converts, assisted by a few able homœopaths, have rushed into the teaching arena, already overcrowded by excellent and by indifferent medical schools.

The folly of such a procedure, when we have such a surplus of doctors and colleges, and the country is suffering from commercial and manufacturing stagnation, cannot be questioned. We surmise that some stronger motives than the desire to impart knowledge and to benefit humanity influenced the prime movers of this undertaking.

This announcement is of the usual stereotyped order, setting forth the stupendous advantages of the institution, and promising an extraordinary amount of instruction in the brief space of *four* months. A preliminary examination will be required, unless a certificate is presented from a preceptor, or some other source, of one's fitness to study medicine; thus the college delegates its prerogative to others, and opens the door for fraud.

Generous provision is made for indigent students to fill up, and one who cannot get a certificate of fitness must pass a trifling examination, in which a knowledge of Latin prose may be substituted by French, German, or Greek. Medical science is as full of Latin terms as an old hulk full of worm-

holes, and a knowledge of this language is a great help to the student, and indispensable to an educated physician.

Gray's *Anatomy* contains no French nor German, and the nomenclature of disease does not employ their roots. Why then this absurd doctrine of equivalents? Why continually offer premiums to ignorance?

The "modern school" promises to screen the women from the audacious gaze of the male students, and the professors are to quiz part of each lecture hour, that blockheads may be coached up to standard, and no one's feelings be hurt at the final examination.

We read upon the title-page "Homœopathic College," and we find eclectic all through the very specious preamble upon homœopathy within the covers.

Homœopaths will hardly agree with the statements that "homœopathy is an addition to the old system—that it begins where allopathy and all other schools end;" that a man may practice according to the New York State Society resolutions, and treat cases in all the various methods of allopathy and eclecticism, and still be a homœopath; that the assumption of the name "homœopathic" entitles the school to the consideration of our practitioners, or the teachers to the mantle of Hahnemann.

We look upon this new venture as an attempt to degrade homœopathy, and to patch up a truce with the dominant school.

When we have so many old and honored medical schools, officered by men of talent and education, who are constantly striving to improve their methods of teaching and to elevate the standard of scholarship, what call is there for more?

We hope there will be no wavering in the support which they deserve, and that low and high men will unite against the Buffalo usurpation.

IN our last number, a physician had an article upon "Lumbar Abscess," in which he made an allusion to "Leaders to Blindness," and implied that his case was cured with medicine, when certain eminent surgeons had decided that a surgical operation was necessary.

We do not criticize papers published in this journal unless challenged to do so, as in this case, and the doctor has furnished ammunition for adverse criticism by his full and honest report.

The writer states that he wrote the article "for the purpose of showing again that affections classed as surgical are cured by patient and persistent adherence to internal medication, notwithstanding the fact that the best skill of both schools of medicine say that operative measures only will be of avail, and for the purpose of adding one more to the many cases of this character already on record." An examination of the evidence to support this fallacy shows, that *the* surgical operation advised (a free incision) was not made, but *another surgical operation*, often preferable, was performed five different times, by which forty-two ounces of pus were removed from the abscess; and this wise surgical procedure was materially assisted in its sanitary effects by a journey to Colorado and a sojourn in that salubrious region. The efforts to cure the disease by a nutrition remedy *à la* Schussler are worthy of all praise, but the effects of the minute quantity of medicine administered are completely overwhelmed and vitiated by the greater effects from the removal of a large quantity of pus, and the commotion and excitement of pleasurable travel.

The argument stands thus: There were several surgical operations; the patient travelled to Colorado; he took some medicine; these cured the patient; therefore, the medicine cured. This is a logical fallacy; the fault is in the reasoning; it is an *ignoratio elenchi*. It must be apparent to every one that it would be just as proper to assert, therefore, the travelling to Colorado cured, or the several surgical operations cured, as to make the one above; but it suited the doctor better to make an *argumentum ad verecundiam* rather than an *argumentum ad rem*, and, with the unconscious trick of a sophist, he suppressed the conclusion, leaving it to be determined by the reader, though he made a *direct assertion* of what he intended to prove in the beginning of his article, which a true sophist would have avoided; so we must conclude the doctor to be ignorant of the principles of logic. The case presented simply proves that one surgical operation may sometimes be preferable to another, and that hygienic treatment is a powerful adjuvant to good surgery and medicine.

We have so much of this kind of argument in our homoeopathic literature, that one must constantly guard himself from accepting irrelevant conclusions as sound logical ones.

WE desire to call particular attention to a paper in this number, "Enucleation Necessary," by a thoroughly educated

homœopathic physician, who, in conjunction with the leading oculists of our school, indorses by opinions and practice the surgical principles set forth in "Leaders to Blindness." The knowledge, experience, and sound judgment of the teachers and staff of the New York Ophthalmic Hospital none but an imbecile dare question; and the cases are so graphically and carefully reported, that they must carry conviction to the mind of every educated physician, and teach even the fathers of homœopathy that, 'the cutting out of an injured eye to save a well one, as the surgeons say, is *not* an abominable infringement,' but "an exercise of beneficent surgical art."

THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA will hold its fifteenth annual session the 2d and 3d of September, in the elegant hotel at Cresson Springs, on top of the Alleghenies. It is a delightful region, full of picturesque grandeur and wild natural scenery, and every physician who comes will be heartily welcomed. A sojourn of a few days will relax the skin, shrivelled and clammy from exposure to the fierce rays of dog-days, and we advise every one who can possibly get away to lay down his professional cares, and rest his body and brain at nature's medicinal fount in the shadows of the dark, dank spruces.

CATALOGUES AND ANNOUNCEMENTS have arrived from all our medical schools, and great things are promised. It is pleasant to note a general stiffening in the requirements for graduation, and a determination upon the part of our college authorities to make the diploma represent a thorough medical education.

Several institutions have had the hardihood to make three terms of lectures obligatory, and others must follow or lose caste with the profession. The Eastern schools, strong in finances and alumni, have taken the lead, but the Western are not far behind, and increased hospital facilities in Cleveland, Ann Arbor, and St. Louis augur well for the coming student.

Book Department.

We Dissert Books, not Authors.

HANDBOOK OF PRACTICAL MIDWIFERY. By J. H. MARSDEN, A.M., M.D. Boericke & Tafel, Publishers. Pp. 315. Price, \$2.25.

Here is one of the best books ever given to the profession by the famous publishing house of Boericke & Tafel.

Considering the style and excellence of its get-up, in connection with its valuable contents, it is one of the cheapest books on the market.

Dr. Marsden, though a very modest and retiring man, has made himself well known to the readers of our best journals by his contributions to medical science.

He needs no introduction or commendation at this late day as a clear, forcible, and independent writer.

His opportunities for learning what is taught in books on the subject of midwifery have been no greater, than his opportunities for learning what may be taught by a long and careful clinical experience.

His literary and scientific attainments have been of a high order, while his habits of close observation and methodical arrangement of materials, gathered during a long medical lifetime, have made him a practitioner and an author in the department of midwifery second to none in our ranks.

A glance at the book before me tells, also, of excellent tact in teaching.

The first chapter does not begin with Eve in the garden, nor even after her expulsion from it, doomed to the mysteries of conception and the miseries of childbearing.

Nor does the second dwell upon the wonderful anatomy of the pelvis, its contents and appendages.

Thirty or forty pages of the book are not embellished with woodcuts, as familiar to every first-course student, as the illustrations in Ayer's Almanac are to the brooding consumptive.

Forty or fifty more are not devoted to the presentation and discussion of the various views of distinguished authors upon subjects now for the first time happily and forever settled.

And as many more are not filled up with the long-drawn "indications for remedies" mentioned—symptoms, displayed

in every book on materia medica, and, perhaps, already well printed on the memory of every reader.

Omitting what every educated physician may be supposed to have learned during student life, the author goes directly into the consideration of the diagnosis and disorders of pregnancy, abortion, or premature delivery, labor, etc.

The treatment of these subjects is very thorough, and always more from the standpoint of the practitioner and directed to the work of the practitioner, than from the cloister of the theorist and for the arena of the theorists.

But I cannot speak in detail of the various chapters; suffice it to say that, for clear descriptions, appropriate measures, ready expedients, useful hints, and a right spirit, they are not surpassed in the whole literature of midwifery.

However many other books on the same subjects our physicians may have, they still need this one.

The price will not deter any one from purchasing a copy, who desires to become perfect in the practice of midwifery.

Let not the modest preface of the author lead any one to suppose that the book does not abound in original things. Originality, on so old a subject, is not often found; but there is no small amount of it here. Get a copy and judge for yourselves.

J. P. D.

DISEASES OF INFANTS AND CHILDREN, WITH THEIR HOMŒOPATHIC TREATMENT. By T. C. DUNCAN, M.D. Vol. I. Published by Duncan Brothers, Chicago, 1878. 12mo. Pp. 470. Cloth, \$3.50; leather, \$4.50.

This is a cyclopædia of the diseases of infants (ante- and post-natal) and children, comprehending their definitions, symptoms, anatomical characters, causes, diagnosis, prognosis, and treatment; also the processes of the development of the ovum, malformations, etc.

A glance at the headings of the various divisions may give some idea of the scope and completeness of the work.

Under affections of the fœtus we find: Ante-natal Development; Diseases of the Fœtus; Congenital Affections; Viability of the Malformed; Medical Jurisprudence of Viability (one of the subdivisions headed and indexed Age of *Fatal* Viability, a rather peculiar contradiction of terms); Hereditary Transmissions.

Under diseases of the new-born: Accidents Incident to Birth; Changes at Birth; Management after Birth; Diseases of the Umbilicus; closing with Infant Mortality.

Under diseases of the digestive organs we have: A General Survey of the Digestive Apparatus; Diseases and Malformations of the Mouth; Diseases of the Lips; Diseases of the Tongue; Diseases of the Palate; Diseases of the Salivary Glands; Inflammatory Diseases of the Mouth; Dentition; Diseases of the Tonsils and Oesophagus; Food for Infants and Children (some fifty pages of excellent matter); Diseases of the Stomach; Diseases of the Intestinal Canal; and Diseases of the Rectum, with which the present volume closes. Each subject is treated exhaustively, and compiled from the very latest and best literature on the subjects. Much time and labor have been expended in gathering and arranging the material for publication.

The proof-reading has been very carelessly done, showing not even the exercise of ordinary care. We find also numerous errors in grammatical construction scarcely to be tolerated in a scientific work. We have a right to demand of our authors that they furnish us un mutilated English. The frequent occurrence of singular nouns and plural verbs, and *vice versa*, are evidences of careless habits, which the author should endeavor to correct.

The therapeutic indications are fully and admirably given, having been taken from all homœopathic sources, native and foreign.

The work will be a valuable acquisition to the library of any homœopathic physician.—C. C. RINEHART.

HEALTH AND HOW TO PROMOTE IT. By RICHARD McSHERRY, M.D., Professor of Practice of Medicine, University of Maryland, etc. 16mo., pp. 186, cloth. Published by D. Appleton & Co. New York city, 1879.

Another new popular work on health, and a right good one, by one who, to judge from his writings, is a real old-school gentleman, full of wit, wisdom and classic treasures. The quotations are nearly as numerous as in Butler's *Anatomy of Melancholy*, and they are much more appropriate in many places and quite as interesting. "Riches and fame, power and glory and learning, are all *bagatelle* as compared with health." "He who would live to be old must begin early." "Go gunning, fishing, and to the springs, but never drink the waters." "Rules of life are right and proper, but they must admit of some latitude." "We should keep as nearly as we reasonably can to the right way without being unduly aggrieved by transient variations."

The author lays down rules for the different periods of life and disposes of personal hygiene in a masterly way. He opposes cramming the same studies into the heads of girls and boys; believes they have different spheres, and should have a different education in many particulars. He quotes approvingly the statement of a Western college professor, that "co-education is intellectually a success, physically a failure."

He knows many men whom tobacco does not injure much, but advises temperance in its use, and its denial if possible. Altogether this is a good work and well worth the low price at which it is sold.—Ed.

DIPHTHERIA. By W. MORGAN, M.D., MEMBER OF THE ROYAL COLLEGE OF SURGEONS, ENGLAND, MEDICAL OFFICER TO THE LONDON HOMŒOPATHIC HOSPITAL, ETC. Second Edition. Cloth, 16mo., pp. 148, on tinted paper, 1879. Published by London Homœopathic Publishing Company. For sale by Boericke & Tafel, and other homœopathic pharmacies.

Everything we get from our English confrères bears the stamp of literary culture and broad medical scholarship, and this work comes fully up to the standard. The history, definition, diagnosis, comparative mortality, treatment, and illustrated cases are ably presented, and the book will prove useful to all who are called to treat this terrible disease.—Ed.

HOW TO BE PLUMP. By T. C. DUNCAN, M.D., etc. A monograph edition of 60 pages, 16mo., cloth. Published by Duncan Brothers, Chicago, Ill., 1879.

This is another pleasant little book from a busy man's brain, and though it shows hasty preparation, it nevertheless contains much of interest to us all.—Ed.

SIEBER'S ART OF SINGING. Translated by Dr. Seeger, who has added a chapter on Hygiene of the Voice. Cloth, pp. 174. Published by W. A. Pond & Co., 547 Broadway, New York, 1879.

This is the side play of one of our school, who, it will be remembered, is one of the editors of the *Hahnemann Hospital Reports*. Physicians have little time for music, but they can recommend this work to cultivators of the muse, and to patients with imperfectly developed vocal organs. We wish for

space to sound its praises, for it is an excellent work and deserves hearty commendation.—ED.

ESSENTIALS OF DIET, OR HINTS ON FOOD IN HEALTH AND DISEASE. By the late E. H. RUDDOCK, M.D., L.R.C.P., M.R.C.S., etc. Second Edition, with corrections and additions by E. B. SHULDHAM, M.D., Trinity College, Dublin, M.R.C.S., M.A., Oxon. Tinted paper, 16mo., pp. 264, cloth. Homœopathic Publishing Company, London, and Boericke & Tafel, New York and Philadelphia, 1879.

Ruddock's works have had a great sale in America, and it is well that to so able a writer as Dr. Shuldham has fallen the task of revising the essays of the lamented deceased. Pereira and Pavy have excellent works upon food and diet, but they are heavy reading, and this treatise of Ruddock's presents the same facts in a much more agreeable way. Every physician should learn its principles and follow its precepts.—ED.

THE AMERICAN JOURNAL OF ELECTROLOGY AND NEUROLOGY. Edited by John Butler, M.D., and published quarterly by Boericke & Tafel, New York and Philadelphia.

The July number, fresh from the printer, and glorious in oriental cover, lies before us. Its matter is valuable, and its make-up judicious and artistic, and we bespeak for it the patronage of all who are interested in the science and art of medicine.

Dr. Butler is a master in his department, and will make his readers *au fait* in the mysteries of anodes, cathodes, electrotonus, anaelectrotonus, and kataelectrotonus.—ED.

AN ILLUSTRATED REPERTORY. By ROLLIN R. GREGG, M.D., Buffalo, New York. Duncan Bros., Chicago. Pages 100. Cloth.

The author has enlarged into a book of 100 pages the subject-matter which appeared several years ago in the *United States Medical Investigator*. He has added new plates, and a number of clinical cases, verifying the signs and symptoms designated upon the plates. "This is the first instance, we believe, in the history of medicine, in which symptoms for medical guidance have been represented to the sight." And with plates which might serve to demonstrate the stellar universe, or milky way, the author hopes to change the decision of "scien-

tific men," who "have always hitherto denied to medicine the position of a positive or exact science." On plates representing views of the chest, back, and sides are delineated by means of arrows, hooks, pincers, etc., the various kinds and directions of pain, occurring in these localities. The names of the remedies producing these conditions are marked upon the signs.

The author has certainly spent a great amount of time and ingenuity in developing these illustrations. To the few who depend upon repertories and so-called keynotes for the selection of a remedy in a case of disease, this work may prove invaluable, but for the many *cui bono*? We might paraphrase Shakespeare and exclaim with Polonius and Hamlet: 'What do you read, my lord?' 'Symptoms, symptoms, symptoms!' The author calls for verified clinical cases, by the use of the single remedy. We trust that everybody will feel it a duty to respond to the appeal, for in this manner only can we prove the good and hold on to the true. The publishers have performed their part in a satisfactory manner, and presented to the public a fine specimen of printer's work.—T. M. STRONG.

ENCYCLOPEDIA OF PURE MATERIA MEDICA, VOL. IX. SILICIA TO THUJA. By T. F. ALLEN, A.M., M.D., Professor of Materia Medica and Therapeutics in the New York Homœopathic Medical College, Honorary Member of the Homœopathic Medical Society of France, etc. Quarto, pp. 712. Cloth and calf. Published by Boericke & Tafel, New York and Philadelphia. 1879.

The ninth volume of this stupendous and exhaustive work arose from the ashes of Messrs. Boericke & Tafel's calamity late in June, and is equal in value and excellence to the previous ones of the series. We should have reviewed it long ago, but the procrastination of a celebrated gentleman has kept us waiting until patience is exhausted.

The article upon Silicia presents a very clear pathological picture, which, if read, would certainly convince carping old-school critics of the value of those substances that they denigrate inert, but which we have proved powerfully medicinal.

Sinapis furnishes many facts for the support of Dr. Dyce Brown, who would have us consider all external applications homœopathic, and the terrible symptoms of the Solanacea almost frighten us from gustatory experiments with the *pomme de terre*.

We have reason to bless Spigelia, and recommend its heart

symptoms to the careful study of every one; for their remembrance and the administration of the remedy brought relief to the writer in terrible and threatening functional disturbance of the heart, when very many other cardiac medicines had failed.

We are sorry to see that abominable name *Squilla* used instead of the musical *Scilla*, but we suppose the author was afraid of *Charybdis*, and so perpetrated the Latinized English for safety. This does not affect the excellent symptomatology of the drug, and we find the respiratory portion true to the letter.

Strychninum, as we said before, has no equal as a pathogenetic record of the alkaloid in any literature, and the thoracic-abdominal effects of *Tabacum* will be confirmed accurately by all excessive smokers. *Thea* recalls the sufferings of maiden ladies, and *Thuja* advances to the commanding position of a polychrest.

Here we have the most brilliant pathogeneses and the most puerile fancies in juxtaposition. From the ten storehouses which Dr. Allen has given us, we must draw our medicinal forces, and, by careful elimination of fanciful and non-essential symptoms, reduce them to one or two treasuries of approved power.

The tenth and last volume is already on the shelves and going to subscribers, and we are assured the Repertory will not be far behind.—ED.

LECONS CLINIQUES ET DIDACTIQUES SUR LES MALADIES
DES FEMMES, Par le DR. R. LUDLAM, Professeur de Maladies des Femmes, etc.

Traduites sur la troisième édition Américaine, par les Docteurs A. Claude, Ancien chef de Cliniques de l'Hôpital St. Jacques, etc., Paris, Fr. et C. N. Dorion, Ancien Medecin de l'Hôpital Hahnemann de Chicago, etc., St. Paul, Minnesota, U. S.

J'ai lu avec beaucoup de plaisir et d'intérêt cette traduction de l'excellent livre du Dr. R. Ludlam. L'original qui a été rendu en Français mot à mot en beaucoup d'endroits, par ci par là, dans le livre, donne au style cette particularité du style d'une personne qui, quoique, possédant bien le Français, néanmoins pense en Anglais tout en s'exprimant en Français. Mais le style n'en est pas moins clair et rend parfaitement les idées de l'auteur. Sans aucun doute, ce livre sera aussi bien reçu et apprécié par le médecin Français, qu'il l'a été par le médecin Anglais.—L. M. R.

SCRATCHES OF A SURGEON. By WM. TOD HELMUTH, M.D., Professor of Surgery in the New York Homœopathic Medical College, etc. Published by W. A. Chatterton & Co., Chicago, 1879.

In this little book of 120 pages we get the lighter thoughts and mental effervescence of one of our school, whose works of thinking and of doing have made him great. The solid medical men are not always as sedate as an owl, nor "as solitary and self-contained as an oyster." They have their *ex-officio* idiosyncrasies, as leaves have their time to fall, and it is because Dr. Helmuth has boiled over in this happy manner that we think he has true claims to greatness.

"And why should this be thought so odd? Can't men have taste who cure a phthisic?" We think so, and this monograph is a proof of it. Buy it, read it, laugh, and be happy, for the duties of life press heavily upon us, and perusal of these Scratches will lighten them.—ED.

A TREATISE ON THE HORSE AND HIS DISEASES. By B. J. KENDALL, M.D., Enosburgh Falls, Vermont. Pamphlet, pp. 88. Published by Claremont Manufacturing Company, Claremont, N. H. Price, 25 cents.

A knowledge of the anatomy, physiology, and diseases of our faithful servant should be possessed by all, and this book will give these without much labor. While we think the homœopathic treatment better for horses, we find much in this work to commend.—ED.

RHYMES OF SCIENCE; WISE AND OTHERWISE. Illustrated. 32mo., pp. 66. Cloth. Published by Industrial Publication Company, New York city, 1879.

This contains choice selections of different authors, and some very curious conjunctions of science and nonsense. It is not only a very amusing book, but instructive as well, to those who choose to look up its technical terms and allusions.

"The Society upon the Stanislaw" is one of the most laughable pieces, and must necessarily be so, as Bret Harte wrote it. We recommend the book heartily, satisfied none will regret the money it costs.

"Now I hold it is not decent for a scientific gent,
To say another is an ass—at least to all intent;
Nor should the individual who happens to be meant,
Reply by heaving rocks at him to any great extent."

Gleanings.

THE PATHOGENETIC EFFECTS OF ZINC UPON THE EMPLOYEES IN THE SILESIAN ZINC SMELTING WORKS (*Hirschel's Zeitschrift*, February 1st, 1879).—The following is a synopsis of an interesting lecture delivered before the medical section of the "Schlesischen Gesellschaft für Vaterländische Cultur," November 29th, 1878, by Dr. Schlockow, of Schlappinitz, in which he spoke of a peculiar form of disease of the spinal cord.

Concerning the injurious effects, he says that very little is recorded in literature.

Among others, is a report of a so-called "zinc fever," which occurs in bronze-founders after casting. It does not deserve this name, as it is not observed among those employed separating and smelting zinc, and must, therefore, be attributed to other causes. In Upper Silesia, the lecturer had opportunity for ten years to observe and examine groups of characteristic and typical manifestations of disease, that occurred so frequently that he could not explain their cause upon any other basis than the absorption of zinc.

The zinc is separated from the ore by a process of distillation, by which, in consequence of heating and the removal of oxygen, the metal in form of vapor is first separated and then precipitated in layers; in this way part of the vapor escapes into the working-room and is inhaled by the workmen, and then enters the lymph and blood circulation. Next after lung and digestion disturbances and the so-called night-blindness, there appears after ten to twelve years' working in the works, in the smelters, a very peculiar affection. In the sensitive sphere there is pain in the back, increased sensitiveness of the soles of the feet, sensation as if ants were crawling over the lower extremities, numbness and coldness in the same, sensation of band around the abdomen, and occasionally pain in the muscles of the lower half of the body, in consequence of crampy twitchings in them. Sensation of touch is diminished. Reflex excitability is increased, but the muscular sensibility, that is, the sensation of their own motion, is weakened, so that by closing the eyes staggering takes place, and in the dark, control of muscular power ceases. The functions of bladder and rectum were not disturbed. The muscles themselves remain well nourished and strong for a long time, but their excitability for mechanical or electrical irritations is in a high degree increased, as at each intentional movement diffused muscular tremor takes place. Later the gait becomes stiff, spasmodic, trembling, and uncertain, the step is made on the full sole.

Finally, a weakness of the muscles of the lower extremities and sometimes of the upper supervenes. The symptoms indicate some affection of the spinal cord, which, however, does not coincide with those of tabes or ataxie. Worthy of consideration are other causes which might produce these symptoms, such as rheumatisms, colds, and the absorption of lead, which is found in the Upper Silesian zinc ores to the amount of $1\frac{1}{2}$ per cent., and arsenic, and cadmium, which are also found. Against the first cause is the fact, that the balance of the population is subjected to severer changes of tem-

perature, in whom it does not occur. Signs of lead, arsenic or cadmium poisoning were not observed, especially not the obstinate characteristic constipation and colic of lead. Lead paralysis is never preceded by increased sensibility or reflex irritability, ataxie, or co-ordination disturbances; it belongs almost exclusively to the extensor muscles of the upper extremities and not of the lower. The muscle paralyzed by lead dwindles and loses its irritability for the electric current. The effects of lead appear in weeks or months, while those of zinc do not show themselves for years.

The above picture is very interesting in a pathological (homœopathic) point. There is no doubt that there are many phenomena called forth by the years of zinc action, that much resemble those of tabes, but the manifestations in the sensitive sphere differ essentially from those of tabes dorsalis. As an anatomical basis it is probably—autopsies are wanting—an affection of the lateral roots of the spinal cord, analogous to a form of the so-called sclerosis of the lateral columns.

The action of zinc on the spinal nerves proves it to be a remedy par excellence, but now its specific pathogenetic action is clearly established by the above-enumerated symptoms, which equally as clearly point out the therapeutic indications in analogous cases.

But another point deserves prominence. We are already acquainted with the effects of Arsenicum in tabes, which has proved the law of similars, as a complete artificial disease was produced, which, in analogous manifestations, could only be attributed to natural disease. The above-described spinal cord affection gives us further evidence of the correctness of the definition of the law of similars, and we are convinced that sooner or later the universal acknowledgment of the correctness of this definition, and thereby a great stride forward in the scientific knowledge of the healing process, must take place.

C. P. S.

ILLINOIS STATE HOMŒOPATHIC MEDICAL SOCIETY.—The meeting was held at Freeport, Ill., in May, and was largely attended. The members have been derelict towards us, and have not sent any report. From a journal sent us by an outside delegate we make an extract from President W. Danforth's address:

"One of the pioneers of our system, who was an extremist, a radical, died some years ago, after having tried a long time, in vain, to reduce a dislocation of the hip by the use of Nux high; it covered the symptoms well, but did not accomplish that whereunto it was sent. The patient died also, but in the blessed expectation of a cure. Such is life, or rather was life. We are just emerging from our swaddling-clothes, the bigots and extremists are growing beautifully less, though not less potent. They are still dangerous men, not because of having a large practice, or of killing many patients, because most of them go on foot and cover but a small area of territory, but dangerous mainly on account of their claims, teachings, etc. There is still danger that some, here and there a traveller, may believe in them, and follow after them, may go and do likewise, and that their philosophy, their creed, may live and flourish in after years, to the detriment of the best interests of our school and of mankind also.

"But as opposed to this danger, there is the spirit of progress, that mighty stream which gathers into itself the rivulets from mountain-

top and meadow, all the rivers of the land, yea! the mighty tide of time which comes down through the lapse of ages past.

"This spirit of progress which embodies the best thought, candid judgment, and consideration of men, recognizing all valid claims to truth, and brushing aside, as with my lady's fan, the mosquitoes and fleas of bigotry and fanaticism—this spirit may be trusted to garner and crystallize the pure gold of science and experience, and preserve and present for the approval of the world all of the real discoveries and valuable gains in human experience. The man is still living who read an essay before this honorable body on the probability of cosmic dust (sun dust) being the cause of catarrh and other maladies. Essays advocating the value of potentized sunlight, moonlight, starlight, and skim-milk, have been from time to time presented to our conventions for approval and indorsement. It is earnestly hoped that these days are about past, and we are now to emerge from this spiritualistic, diaphanous, windy atmosphere into that of practical thought."

MOURNING AT THE ZOOLOGICAL GARDEN.—Recently the antelope house, situated near the lake in the Zoological Garden, was the scene of a tragedy. The female chimpanzee, having contracted a cold some weeks previously, and having been seized with inflammation of the bowels, suddenly, while receiving the attentions of her companion, dropped down stone dead. The deceased was born in a dense woods, situated on the Gaboon River, on the West Coast of Africa, about one hundred miles south of the equator, and had reached the age of five years. Her education, as compared with that of the other members of her family, was exceptionally good; something far above the average.

Her companion, when she fell to the floor, went into a terrific frenzy of grief. His cries were heard over the entire Garden. He dashed himself against the bars of the cage and butted his head upon the hard-wood bottom, and when this burst of grief was ended, he poked his head under the straw in one corner and moaned as if his heart would break. Poor fellow! His sorrow drew tears from human eyes, and even made human hearts feel that he was something more than a brute—especially those who believe that Darwin is not a visionary.

When Miss Chimpanzee was first taken with a cold, no less a person than Dr. Henry C. Chapman was called in to attend her. He followed prescribed forms of treatment, and gave her boluses and oil. This attention, which was received by the patient with every possible manifestation of gratitude, was unfortunately unavailing. In a few days inflammation of the stomach ensued, and soon after, syncope, as stated. Dr. Chapman, as surgeon to the Coroner of the county of Philadelphia, as well as surgeon to the Noah's ark on the west side of the Schuylkill, proceeded, in pursuance of his dual function, to hold a post-mortem, which proved the fatal disease to have been inflammation. The body of this unfortunate young person was removed to the Jefferson College, where it was dissected, its skeleton wired together, and placed in the cabinet with the osseous remains of the gorilla, which recently underwent the process of the scalpel.

The two chimpanzees were brought to this city on May 1st, 1878, from the New York Aquarium, and were domiciled in a house with

glass sides, with a floor covered with blankets and straw, and a large stove, protected by iron netting, to maintain an average temperature of 80°. They were two of the only four chimpanzees which were in this country, and seemed, after a few days of languishing, to thrive uncommonly well in their new home. They ate their oranges, bananas, boiled rice, tapioca flavored with sherry wine, with manifest appreciation and gradually developing physiques, and took their sweetened tea like a couple of old maids. They were the attraction at the Garden, and crowds hung about the cage constantly to listen to their chatter and enjoy their antics. It is feared that the survivor will not be able to bear up like a man under the weight of his grief, but the attentions of the keepers are redoubled to wean him from his contemplation of the spot where once lay all he loved on earth.—*Exc.*

[In June issue of this Journal.]

“THE LOGICAL BASIS OF THE HIGH POTENCY QUESTION.” *Additions and Errata:*

Page 329.—Insert the following in the table entitled “Hahnemann’s Posological Record:”

1832. 77. Mentioned “once having prepared” the 90th of Sulphur, and using it once in one case of “rare epileptic attacks;” not claiming a cure.

1833. 78. Said of the 60th, 150th, and 300th, that their action is of shorter duration than that of the 30th, “which is generally sufficient.” Prescribed for himself “two olfactions,” Coff. 30th, first, and then Calc.

1838. 83. Mentioned the 50th approvingly.

1841. 86. Wrote to Dr. Lehmann, his pharmacist, for the 3rd trituration of several drugs.

1843. 88. Reported two cases to Boenninghausen, in which he mentions having used Bell.³⁰, Hyos.³⁰, Sulph.², Merc. viv.², Ac.nit. (by olfaction of one globule in $\frac{3}{4}$ of alcohol).

Page 331, line 4 from bottom.—For “never” read “scarcely ever.”

Page 340.—Strike out the second footnote, it being misquoted.

MILWAUKEE, July, 1879.

SAM'L POTTER.

NEW YORK OPHTHALMIC HOSPITAL.—Report for the month ending July 31st, 1879: Number of prescriptions, 3122; number of new patients, 240; number of patients resident in the hospital, 36; average daily attendance, 120, and largest daily attendance, 175.

J. H. BUFFUM, M.D.,
Resident Surgeon.

SWEET LITTLE BUTTERCUP.—

“Nomen mihi Ranuncula, dilecta Ranuncula,
Nominis rationem hujus mehercle nescio,
Attamen sum Ranuncula, parvula Ranuncula,
Blandula Ranuncula ego.”

TAPEWORM IN CUCUMBERS.—Dr. Leidy, of Philadelphia, has announced the discovery that cucumbers are liable to be infested with tapeworm. At a meeting of the Academy of Sciences, Phila-

delphia, he exhibited a specimen of tapeworm taken from the inside of a large cucumber. It is said to have had all the characteristics of a true tapeworm, but belonged to an unknown species, the peculiarity being that the ovaries, containing the round yellow eggs, are confined to the anterior extremity of the segment.—*Exc.*

QUEER STATISTICAL CONCLUSION.—At Western Academy meeting, Prof. Valentine said: "The Western colleges, seven in number, graduated this spring 198 candidates, twelve less than the year previous. . . . The number of students in attendance was about the same, thus showing that the standard of medical education in the colleges, which entitles one to a diploma, is 5.7 per cent. higher than one year ago." According to this, if *no* students graduated, the standard would be advanced 100 per cent. Let us advance!

MARRIED.—April 30th, 1879, O. J. Travers, M.D., of North Brookfield, Mass., and Miss Mary P. Lytle, of Saratoga Springs, N. Y.

LOCATIONS FOR GOOD HOMŒOPATHIC PHYSICIANS.—In North Carolina: Charlotte, population 12,000; Raleigh, 10,000; Wilmington, 20,000.

"Wisdom is often nearer when we stoop,
Than when we soar."

LAPAROTOMY IN INTESTINAL OBSTRUCTION.—Dr. Crevling presents the following conclusions:

1. That abdominal section for the removal of intestinal obstruction was not only justifiable, but eminently proper, in cases of intussusception as soon as milder measures failed.

2. That the operation should be immediately performed, provided the symptoms were at all formidable; but if symptoms of strangulation, peritonitis, hæmorrhage, etc., had occurred, the operation was not warranted.

3. When the obstruction occurred from intussusception, the operation should be performed at once.

4. That there was no real danger in the operation itself had been claimed by many.—*Exc.*

STATE MEDICINE.—Dr. Roosa, in his address, as President of the State Medical Society of N. Y., at its late meeting, said: "What was wanted was a board of examiners made up of the best men from the colleges and profession, who should determine, not the orthodoxy of a candidate as to the doses of drugs or the uses of cold water and vegetable medicines, but as to whether he had been well grounded in the structure and functions of the human body, the remedies for poisons, the rules for action in emergencies, and the principles of diagnosis, a knowledge of which would at least protect his patients from scandalous malpractice."—*Exc.*

FILARIA.—Several instances are on record of a snake or worm-like body in the eyes of animals. One has been reported in the eye of a horse by Dr. Kipp, of Newark, N. J. Another was carefully described by Dr. John Morgan, Professor of Theory and Practice of Physic in the University of Pennsylvania, last century. The filariæ are threadlike bodies, sharp at one end, rather blunt at the other, and belong to the nematoid entozoa. They work their way into the

tissues of animals by the pointed extremity, and have been found in man in the crystalline lens, the anterior chamber, the lachrymal sac, and other parts, and are very frequently seen in the eye of the horse. They are most common in Africa.

INHALATION OF CARBOLIC ACID SPRAY IN PHTHISIS.—At the Mt. Sinai Hospital, New York city, the inhalation of Carbolic acid spray in phthisis has been introduced, in order to test its efficacy. The spray was obtained from a solution holding two per cent. of the acid. The first case had fetid expectoration, with an average temperature of $102\frac{1}{2}^{\circ}$. The first effect of the inhalation was to increase the sputa to a marked extent, but at the same time to check the fœtor. The most important effect of the inhalations was to decrease the temperature from $102\frac{1}{2}^{\circ}$ to 101° , $100\frac{1}{2}^{\circ}$, and 99° . In some of the cases, Carbolic acid acted as an irritant, giving rise to considerable spasmodic effects, and in these cases Salicylic acid was substituted. The latter agent did not produce such a decided effect on the temperature, but its action on the fœtor was equally marked.—*Exc.*

TREATMENT OF PILES BY HYPODERMIC INJECTION.—Prof. Andrews says: Two years and a half ago I published the secret remedy for hæmorrhoids employed by certain itinerants. It consisted in hypodermic injections of a few drops of a mixture of Carbolic acid in Olive oil, in the proportion of three parts of the acid to one of the oil. The method works charmingly, and if free from danger is a really valuable discovery, for it generally causes no pain. Naturally, however, all educated surgeons feared that the throwing of the mixture into venous enlargements like hæmorrhoids might cause fatal embolism. If this danger is real, it ought to be manifest by this time, for the quacks have employed this method on thousands of cases. I beg leave to ask that all physicians who know of the practice of these itinerants in their vicinity will inform me whether they know of any evil results from it, and, if so, give details as far as possible.—*Exc.*

ABSORPTION OF CARBONIC OXIDE BY LIVING ORGANISMS.—N. Grehaut has experimented with mixtures of air and minute portions of Carbonic oxide. He finds that a man or an animal when compelled for half an hour to breathe an atmosphere containing only 1.779 of Carbonic oxide, in 1000 parts, absorbs that gas in sufficient quantities to saturate about half of the red globules of the blood, so that they become incapable of absorbing oxygen. In an atmosphere containing 1.1449 of Carbonic oxide, about a quarter of the red globules are similarly saturated. These results are interesting and important in relation to physiology and hygiene.—*Exc.*

LEAD WASHES IN DISEASES OF THE EYE.—The great danger of the use of lead in the eye is that a deposit often takes place in the cornea, especially if the cornea is in the least abraded, from whatever cause. Ulceration of the cornea is a very common occurrence, especially where there is high inflammation in the conjunctiva and sclerotic. If the Acetate of lead is used, in solution, in an ulcerated condition, it does not matter of what strength, there will be a deposit of the Albuminate of lead the entire extent of the cornea denuded.—*Exc.*

GLEDITSCHIA FEROX and *G. triacantha* are the names for trees which adorn the parks around Geneva, Switzerland. The ripe fruit of the latter has been used for the preparation of a kind of liquor. The unripe seeds and substance immediately surrounding them possess toxic properties of decided importance. Dr. Lautenbach has made some experiments upon the lower animals with an alcoholic extract of these, and has, also, succeeded in extracting the alkaloid active principle of the substances, which he proposes to name Gleditschin.

WET PEPPER throws off great quantities of Carbonic acid gas. A ship, loaded with pepper, got her cargo wet, and five persons, who went into the hold, were suffocated.—*Ecc.*

SYRIAN CURE FOR RABIES.—Keep patient forty days on vegetable food, then ten days awake animated and excited by music; the fiftieth day take him blindfolded to a sheet of water, and when the sun rises, uncover eyes and dash water in his face. (Enough to produce hydrophobia.)

STILBEINE.—This is a composition of emery powder and rubber proposed for cleaning instruments without destroying the polish. It is hard, and cut into pieces similar to rubber used for erasing pencil-marks. Nothing is more convenient or more economical. It removes rust, blood spots, and other stains in an instant. It restores the polish and brilliancy which has been removed by moisture; but if the surface is rust-eaten, it must be ground again.

HOMŒOPATHIC JOURNALS.—A correspondent says they are not good to post one up in practical details, because all the articles are so obscured by discussions of potencies, and the law of *similia*, that one loses sight of the subject. Some truth in the statement.

ANTI-VACCINATION (*Medical Counselor*).—"Why vaccinate at all, since it has been proved that inhaling the odor of a weak solution of Potassium cyanide, sprinkled on the floor and stairs (Korn-dorfer) is a surer preventative (*sic*) to the disease than this horrible poisoning?"—C. HERING.

JOURNALISM. (*Idem*).—No one should undertake this duty who is not thoroughly versed in all the current methods of medical science. No false teaching should be allowed in his pages. Such teaching serves to deteriorate the profession which it should be the editor's pride to elevate and perfect. Only the journals conducted in such a manner are worthy the support of the profession. To publish all sorts of heresies for the sake of financial support is enough of itself to break down any medical journal. If we seek the protection of truth, the truth will certainly bring us support.—H. N. GUERNSEY.

ONE of the colleges has added a horse to the museum and an ass to the faculty.

BODY SNATCHING.—The intelligent people of Ohio ought to have no protection in the grave, as long as they neglect to make laws to supply medical colleges with subjects from the poorhouses and jails. We sympathize with Professors Schneider and Smith, and the Janitor, who have been mulcted heavily for concealing a stiff which

once belonged to a high-toned family. We wonder how old the judge is, and hope they will not get caught next time.

WM. COOPER, PH.B. (Western University), a son of Dr. J. F. Cooper, of Allegheny City, Pa., has gone to Colorado, as analytical chemist to the Montezuma Mining Company, of Mineral City.

DR. RICHARD ANGELL, of New Orleans, La., a veteran of much service to our cause South, died in June, aged seventy-five.

A VETERINARY DEPARTMENT IN THE MEDICAL SCHOOL OF THE UNIVERSITY OF PENNSYLVANIA.—It may be of interest to the general profession to know, that about ten months since the question was put to the Faculty of the Medical School of the University of Pennsylvania, as to whether they would create and take charge of a Veterinary Department upon the condition that, as a first step, an endowment fund of \$50,000 was raised and presented to them. The Faculty referred the matter to the Trustees of the University, who voted to answer affirmatively and accept the proposition. Ever since that time the gentleman who made the offer, Mr. Horace Smith, has been engaged in collecting the stated sum, but he has thus far made no statement of progress made.—*Exc.*

COLOR-BLINDNESS.—In Switzerland 171 railroad employes out of 7953 were found to be color-blind, and discharged from the service of the companies on that account. On the Paris and Lyons Railroad 10 per cent. were found to be color-blind. In Holland 152 railroad employes out of 2300 were found to be color-blind. Examinations in this respect are now being made in Sweden, Norway, Italy, the Austrian navy, Bavaria, Prussia, Denmark, and France. We cannot see why such examples should not be followed in our own country, and the presence of Daltonism be made a legal disqualification for any responsible position on railways. From present indications Massachusetts will probably take the initiative in the matter.—*Exc.*

DEAD SURE.—A physician received this from a patron: "The medicine you sent my sister proved to be the right thing and relieved her at once, and two other fellow-sufferers, disciples of 'blue-mass;' but convince a man against his will and he'll continue still to swill—big doses."

IMPACTION.—A physician describing the condition of a patient, who had been maltreated by an allopath, said, "He was left stranded on the barren shores of impaction."

ERRATUM.—Dr. Hamilton delivered the address on Dr. Quinn before the British Hom. Med. Society, and not Dr. Hatton, as reported in last number.

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THE RELATION OF CHEMISTRY TO SYMPTOMATOLOGY.

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IN November, 1876, Dr. Tuckwell, of Radcliffe Infirmary, Oxford, England, treated a case of rheumatic fever with Salicylic acid, after the method of the old school.

The rheumatic symptoms soon disappeared, but, in their place were developed the following: *Humming and buzzing in the ears with gradually increasing deafness, a peculiarly loud, deep and sighing respiration, a strange restlessness, gradually increasing to delirium, not unlike that of delirium tremens, with involuntary evacuation of the urine and faces, a slow laboring pulse, and an olive-green color of the urine.*

All these symptoms declared themselves at the same time that a low temperature, a slow pulse, and an absence of all rheumatic appearances showed that the disease itself was in abeyance.

No sooner was the medicine withheld than the strange symptoms ceased and the rheumatism returned.

Dr. Tuckwell wrote the facts of the case to the *Lancet*. Shortly afterwards Mr. Myers wrote to the *Lancet* that *Salicylic acid* was frequently adulterated with *Carbolic acid*.

December 2d, 1876, in the *Lancet* appeared the following letter from Dr. Tuckwell:

"TO THE EDITOR OF THE LANCET:

"SIR: After reading the letter of Mr. Myers in the *Lancet*

of November 11th, in which he states that *Salicylic acid* is sometimes adulterated with *Carbolic acid*, I forwarded to Mr. Donkin, our County Analyst, a sample of acid from the very bottle which had been used in the treatment of the first of my two recorded cases, and had been supplied to the Radcliffe Infirmary.

"Mr. Donkin, who has taken great pains with the analysis, finds an appreciable quantity of *Carbolic acid* in the sample in question.

"It is therefore more than probable that Dr. Hall's suggestion—a suggestion already made to me by my friend Dr. Andrew—is correct, and that the strange symptoms of poisoning which I attributed to the *Salicylic acid* were really due to the unexpected presence of *Carbolic acid*. . . .

"I remain, etc.,

"H. M. TUCKWELL."

What has this circumstance to do with symptomatology? Symptomatology is a collection of symptoms, (I) from all sorts and kinds of poisoning cases, and (II) from provings.

Some of these symptoms have been verified by clinical experience, but many others have not; many symptoms are contradictory, also, to one another.

In regard to the symptoms obtained from poisoning cases, nothing is said in the textbooks about the *quality* of the drug causing the poisoning. In the majority of cases it is not known whether it was a *chemically pure* drug, or whether an *adulterated* drug, or whether an *adulteration* caused the poisonous symptoms, or the drug itself.

This is a very important point, as will be seen in glancing over the following list of *adulterations* in chemical compounds used as remedies by both schools:

Acetic acid.—Traces of Lead, Copper, Sulphuric acid, Hydrochloric acid, Sulphurous acid.

Carbolic acid.—Creasote.

Hydrochloric acid.—Sulphuric acid, Arsenic, Sulphurous acid.

Nitric acid.—Mineral matter, Sulphuric acid, Hydrochloric acid.

Oxalic acid.—Lead or Platinum.

Phosphoric acid.—Sulphuric acid, Hydrochloric acid, Metaphosphoric acid, Nitric acid.

Sulphuric acid.—Mineral matter, Nitric acid, Arsenic, or lead.

Bromine.—Iodine.

Creasote.—Carbolic acid.

Calomel.—Corrosive sublimate.

Potassium bromide.—Free Bromine, Potassium iodide.

Potassium iodide.—Potassium iodate, Potassium chloride, Potassium carbonate.

Fifty or more others could be added to this list, but enough have been given to illustrate the purpose of this article.

Chemically pure drugs are rarely sold by druggists to the laity. It would not be an exaggeration to say that in three-fourths of the poisoning cases chemically pure drugs were *not* used.

Hence it cannot be said that the symptoms obtained from a poisoning case by *Carbolic acid* are the symptoms of *Carbolic acid* and of nothing else, unless it has been ascertained by analysis that the acid used was chemically pure and contained no *Creasote*.

It cannot be said that the symptoms produced by heavy doses of *Salicylic acid* are Salicylic acid symptoms, unless it is first ascertained by analysis that the drug is free from *Carbolic acid*.

It cannot be said that dangerous symptoms ensuing upon ten-grain doses of *Calomel* are Calomel symptoms entirely, unless the Calomel be proved to contain no *Corrosive sublimate*.

Now if the physician will look in that marvel of useful labor, Allen's *Encyclopedia of Medicine*, for the sources from which the symptoms of each remedy have been obtained, he will see a miscellaneous collection of poisoning cases, no mention, as a rule, being made of the *purity* or *impurity* of the drugs causing the poisoning.

In the next place symptoms are taken without regard to the effect of a remedy or remedies, which in these poisoning cases may have been given the patient or person *before* he took the fatal dose of the poisonous drug; for instance, in the case of Mr. Bravo, an English barrister, who died from poisoning by *Tartar emetic*, the symptoms were not all that one would expect *Tartar emetic* could produce. Some one finally suggested that Mr. Bravo had taken a dose of Opium first, and it was found from an attendant or friend that he had indeed done so just before taking the *Tartar emetic*; this had in some measure changed the symptoms produced by the *Tartar emetic*. Now in the varied number of poisoning cases we know little or nothing concerning any medicine which may have been taken just *before* the poisonous drug began its work, nor what effect said medicine, if any, had in masking or changing the symptoms produced by the poison.

Further, there is also some looseness of expression, chemically speaking, in the selection of poisoning cases for different remedies; thus in Allen's *Encyclopedia*, under *Cuprum aceticum*, we find mention of symptoms from a woman poisoned by an injection from a *brass* syringe—also the expression “poisoning from *verdigris*” very often occurs.

Now *Cuprum aceticum* is the Acetate of copper. The woman who was poisoned by using the *brass* syringe was *not* poisoned by *Cuprum aceticum*, for the reason that *copper* is not *brass*.

Brass is an alloy of copper and zinc. Some of the symptoms may have been produced by the zinc; moreover, how is it known that the poison from the syringe was an *acetate* at all? I should not, therefore, regard the placing of these symptoms under the head of *Cuprum aceticum* as a happy selection.

In regard to symptoms from poisoning by “*verdigris*”—the word “*verdigris*” seems to be used indiscriminately for everything found on copper utensils.

Is not “*verdigris*” Acetate of copper? Yes, but everything which forms on copper utensils is *by no means* “*verdigris*.” Hence, strictly speaking, poisoning from the use of liquids from all sorts of copper utensils cannot be considered in the same light as poisoning by *Cuprum aceticum*, or true “*verdigris*.”

Still further, under *Cuprum arsenicosum* it is said that some of the symptoms *may* have been produced by *Schweinfurt green*.

Cuprum arsenicosum is Copper arsenite; Schweinfurt green is more or less pure Copper arsenite, or else Copper arsenite mixed with acetate, or occasionally Carbonate of copper.

Delightfully mixed we should say with the Acetate, or occasionally the Carbonate of copper, as far as symptoms go.

At this point I ask what is the formula of homœopathy?

Is it not “*Similia similibus curantur*?”

Nobody knows who originated the expression, “*Consistency thou art a jewel*,” but I fear that he was not a homœopath.

It is neither consistent nor homœopathic to assume as a formula, “*Similia similibus curantur*,” and then give—

I. Chemically pure remedies for symptoms corresponding to those produced by *adulterated* drugs, or

II. Remedies for symptoms corresponding to those produced by adulterated or non-adulterated drugs, *preceded* by some unknown or forgotten drug, or

III. *Cuprum aceticum* for symptoms corresponding to those produced by a something-ate of brass, or

IV. *Cuprum arsenicosum* for symptoms corresponding to those produced by something which half the time is not *Cuprum arsenicosum* at all, any more than brass is copper.

In regard to the symptoms produced by drugs upon provers, the second half from which we compile our symptomatology, it is possible that seven-eighths of the drugs used in these cases were chemically pure. I base this assertion upon the statement of a well-known chemist, who tells me that one bottle of *Hydrochloric acid* out of eight, on an average, made by one of the most famous firms in America, contains *Arsenic*, though labelled and warranted *chemically pure* by a firm whose specialty it is to make chemically pure reagents. Personal testing revealed this to the above-mentioned chemist.

Nothing is said in our *Materia Medica* as to whether the *provers* of drugs first tested them *personally* for impurities.

I infer rather that they took the statement of the label or wrapper as to the purity, or else the statement of the pharmacist. Now although a pharmacist might be so honest that George Washington in comparison with him would appear a monster of odious deceit, yet I would have a prover test every drug he proves, personally, before he begins his provings.

Hence I cannot help reasoning that about one-eighth of the symptoms recorded by provers are of doubtful value. Which ones those are we cannot tell, and this is another troublesome circumstance, for among the eighth are, no doubt, *some* symptoms produced by adulterants present in the drugs, to which some of the provers would, no doubt, be more sensitive than others.

I would advise, therefore,

I. That such *poisons* as are commonly adulterated be proved anew, the provers to use *chemically pure* remedies *personally tested*.

II. That diligent inquiry be made with a view to ascertaining in just what poisonous cases the patients were poisoned by *chemically pure* poisons, and that these cases, if any, should be separated from the doubtful or unknown cases; and the symptoms produced be printed in different type, or in other ways distinguished, from the symptoms produced in obscure cases, or in those in which the poison was anticipated by another powerful medicine or poison.

III. More care should be taken in the compilation of symptoms, so that *brass* symptoms may not parade under the name of *copper*, etc.

IV. That chemically pure drugs should be prescribed for

symptoms corresponding to those produced by the same drugs chemically pure, in order *jully* to observe the maxim, *Similia similibus curantur*.

MODERN OBJECTIVES.

BY J. EDWARDS SMITH, M.D.,

PROFESSOR OF MICROSCOPY AND HISTOLOGY, CLEVELAND HOMŒOPATHIC HOSPITAL COLLEGE.

(Read before the American Society of Microscopists, Buffalo, New York, September, 1879.)

THERE is a matter of common acceptance which has in the past made some mischief; I refer to the fact that the focal or working distance of an objective, has been and is considered the index of its capacity for certain classes of work. Thus, the inch has been set apart for the study of such objects as required examination with powers from 50 to 150 diameters, and where its comparatively long working distance was desirable, while the $\frac{1}{50}$, whose lowest power of 2500 diameters and its exceedingly short working distance, could not perform the work of the inch, the $\frac{1}{50}$ has been reserved for the investigation of the most minute organisms, under the highest amplifications.

Now, in the instances cited, the popular idea is correct. The inch cannot do the work of the 50th, nor can the 50th do the work of the inch. And each, as to the other, is to be appropriately brought into use.

But, as is well known, between and intermediate to the scope of the two glasses named, there are several objectives having not only intermediate but variable focal length. Among these latter are to be found the objectives known as "medium powers," and it is with reference to these that it may be affirmed that, the broad rule governing the inch and the 50th does not hold good.

Some four or five years since, the author in writing to a brother microscopist, hazarded the statement that the time would surely come, when the optician would furnish a $\frac{1}{50}$ capable of performing all the work then done with the $\frac{1}{50}$. The principal reasons advanced at that date in support of his opinion were:

First.—Assuming the case of a perfect objective, with a perfect eye-piece, he claimed that it made no difference to which end of the tube the power should be applied.

Second.—The nearer perfection arrived at in the construction of the objective and eye-piece, the higher may be the power of the latter.

Third.—As we have no right to expect absolute perfection

in the construction of objectives, it nevertheless seemed reasonable to infer that, the optician could better handle and adjust a lens of sensible dimensions, such as are used in the manufacture of the medium powers, than could be possible with the merest speck of glass forming the fronts of the $\frac{1}{50}$.

Whether the ideas thus advanced were correct or not, the fact is patent, that in less than two years from the date of said letter, Mr. Tolles produced a $\frac{1}{6}$ that excelled for any and all work the performance of any $\frac{1}{50}$ on record. This $\frac{1}{6}$ is still in possession of the author, who, ere the glass was thirty days old, pitted it against the finest fiftieth to be found in the country. The battle waged for an entire week, but the result was decisive. It was David v. Goliath, and David got the best of it.

Scarcely had another month elapsed before Mr. Tolles again sent the author another glass—this time a $\frac{1}{10}$, which in turn eclipsed the previous inimitable work of the $\frac{1}{6}$, while at a still later day, Mr. Herbert Spencer produced a $\frac{1}{10}$, made on a somewhat different formula, the performance of which is not excelled by any glass yet made, "be it a fifth, or a fiftieth."

Without reference to the "impossible 180°" it may be positively claimed that these three glasses named have greater apertures than is possible (or has thus far been possible) to obtain with the fiftieths.

As has already been stated in the introduction, the writer was the first to call public attention to the claims of American objectives of medium power. Statements so radically at war with the generally accepted popular belief, were destined as a matter of course to meet with opposition. Microscopists from almost every section came in person to see for themselves, many of them bringing their favorite high-power glasses for comparison, and returning satisfied with the trip, leaving the $\frac{1}{6}$ and the $\frac{1}{10}$ to encounter the next comer.

It being probable that there are others who yet remain to be convinced, as to the accuracy or validity of the claims of the "medium powers," it may be stated that at this late day the writer is no longer in a minority of one. Microscopists of note have studied the situation, arriving at similar results. About twelve months ago, Mr. John Mayall, Jr., a well-known and talented microscopist of London, wrote as follows:

"I am not going to enter into a mass of details of the various trials I have made with Tolles' one-fourth and one-eighth. Suffice it to say, that no lenses that have been in my hands have ever been so thoroughly tested against the best lenses by

English, French, and German opticians (here Mr. Mayall presents a list of seventeen recent immersion objectives by the most renowned makers in Europe); and without reserve of any kind I say, these lenses are the finest I have ever seen. I affirm then that, with central and oblique light on all the objects that are known here as tests, Tolles carried the palm! I find on the most severe tests, there is in Tolles' lenses a better correction for spherical aberration, the image is more *crisp* and *clear*. By difficult tests, I mean for instance *surreirella gemma* with central light, or *amphipleura pellucida* with oblique light. I urge that low-angle lenses will not exhibit the definition these lenses will show, and that if one takes a higher power that will show the images, he will find by comparison the higher power will be the more difficult to manage. The whole question turns upon results; 'if you are content with medium images, use medium or low-angle objectives; if you train your eye for fine images, you must use high-angle objectives.'

In 1876 Dr. J. G. Hunt, of Philadelphia, a widely-known and expert microscopist, after having given the new American objectives of medium power close study, writes as follows, and believing that the doctor's letter will be found of general interest we give it entire; the glass he makes reference to was a Tolles' tenth:

"I can now report to you that the $\frac{1}{10}$ you sent me is grand. It contains more good qualities than are to be found in many first-class lenses. Perfect mechanical workmanship, large field, gives sharp image on the margin of field, decision of definition, leaving nothing doubtful or foggy, equal penetration with resolution, thus being superior for microscopical work. I could engrave it all over with marks of admiration. . . . For the best work of the botanist or histologist it has a definition, which can be retained with an amplification such as I have not seen in any one-twenty-fifth or one-fiftieth that has come under my notice. . . . I see in its construction more finger-skill, more time and conscious brain-patience than mathematics. Hence its character; it has no precedent, but is wholly original and unlike any other make, English or Continental."

The preceding quotations are thus presented to the reader, because the issue we have under consideration is herein discussed typically (I may say) from both the American and English standpoints. To the testimony of these talented gentlemen, the author could, did his space allow, add a mass of similar evidence. I repeat: It is not consistent with the limits of this address to further discuss the issue in question. The au-

thor therefore dogmatically asserts that his positions taken in public print relative to the matter we have been considering, were then correct, and have so remained up to the present date. But mark this point: The claim thus established in favor of "medium powers," of the widest apertures, *has no reference whatever* to hosts of objectives made and sold with high-sounding figures attached. Keep this fact in lively remembrance.

We are now prepared to return directly to the point from which we started. We have seen by our digression, that the relations existing between the inch and the $\frac{1}{50}$ are to be essentially modified, relatively as to the nature and performance of a $\frac{1}{6}$ as compared with that of a $\frac{1}{50}$. For instance, if it were true as has formerly been accepted, that it is the province of the inch to assist in the study of the simpler organisms, and that of the 50th for the investigation of the most delicate structures, it does *not* hold good at this present writing, that a $\frac{1}{6}$ or $\frac{1}{10}$ (generally classed as medium powers) is the proper objective for an *intermediate* class of work *only*. It is obvious also, that if the $\frac{1}{6}$ and the $\frac{1}{10}$ are more than capable of doing the work formerly set apart for the employment of the $\frac{1}{50}$, that the former have the better right to be regarded as "high powers."

Furthermore, it occurs in the present advanced state of optical science, that it is really quite impossible to precisely define *what* constitutes a "medium power" glass, or for what particular class of work such glasses would (if defined) be characteristically adapted. The author confidently believes, that still further and greater improvements in American objectives are yet to be accomplished. He believes confidently, that as the instrument shall approach perfection, and still higher eye-piecing be brought into requisition, that he may yet live to see the Novert 19th band with a half-inch objective and a $\frac{1}{16}$ eye-piece. It therefore seems to him, that any discussion as to the characteristic duties of an object-glass based entirely on the focal length of the same, may wisely be dismissed, as being (for the present at least) impractical, if not impossible.

And now for some remarks, that are not only *possible*, but can, if the reader elects, be made eminently *practical*, closely related, too, to what has just been written. And in these, the author hopes to render some service at least to a portion of his readers. A fine objective is in its very nature a costly instrument, while on the other hand it often happens that the true lover of nature has unfortunately a light purse. In fact, this *whole* situation is to be regretted, and certainly to be amelior-

ated if possible. It happens, too, that the so-called "high powers," such as the $\frac{1}{25}$, $\frac{1}{50}$, and $\frac{1}{75}$, cost in themselves more than the majority of observers could afford to pay for an entire outfit, and thus have been accessible to only a favored few. The price of the 50th as furnished by eminent makers may be quoted at from \$250 to \$300. I dare say that more than one of my readers, earnest workers with the microscope, have yearned time and again, as they have read of some wonderful thing accomplished with a $\frac{1}{25}$ or $\frac{1}{50}$, longing for the means to enable them to pursue similar investigations. Let all such hail with joy the announcement, that these costly glasses are no longer a necessity. And that their work can not only be done, but better and with greater ease. That there is no longer any necessity of going abroad, or paying duties thereon; that a $\frac{1}{8}$, or at the farthest a $\frac{1}{16}$, costing from \$60 to \$80, will (if properly selected) compete in performance with any $\frac{1}{50}$ extant. A fact, reader, worth knowing.

Another dogma in the popular mind has a very general acceptance, to wit, that angular aperture can only be obtained at the sacrifice of working distance. The old saying is that "it's a poor rule that won't work both ways." Hence it should obtain conversely, that with the sacrifice of working distance angular aperture ought to be obtained, but this is not always the case. For instance, $\frac{1}{8}$ s are now made with apertures we will say (to keep out of controversy) up to 180° , and with a working distance of $\frac{1}{30}$ of an inch. Now the widest-angled $\frac{1}{30}$ in existence, with a working distance less than half that of the $\frac{1}{8}$, will be found to measure less than 170° , and in the latter glass it is evident *that working distance has been sacrificed without corresponding increase of angular aperture*. The case cited is an instance notably in point, and one that cannot be dodged. And yet to a certain extent the same will apply to some of the intermediate objectives. Take again the before-mentioned $\frac{1}{8}$ of the widest angle known, and its working distance of $\frac{1}{30}$ of an inch. It will be found that although it is possible to obtain the same aperture for the $\frac{1}{10}$, the working distance will suffer decrease, and here again is another instance where sacrifice of working distance is not accompanied by corresponding increase of aperture.

The subject is by no means exhausted, and is well worth a little ventilation. We can better get at the situation by supposing a case which might possibly occur in practice. Suppose then that you desired five one-inch glasses, each glass to have a working distance of five-tenths of an inch, and each

to magnify with the two-inch ("A") eye-piece, 50 diameters, and that you gave these five glasses respectively to five opticians to be made as per the conditions named.

Now it will most probably occur that, when you get these five glasses in hand, the working distance and the magnifying powers of each are true to the specifications, and further, that no two of the five glasses will have the same angular aperture. It is well enough to pause here and allow the approach of a deluge of threadbare argument. Says one: "All this proves nothing, it's quite possible that the glass with the narrowest aperture may be the better corrected. Let your own rule be here applied and the quality of the apertures tested; nothing short of a competitive examination can be determinate."

To this the writer says amen, but the reader is reminded that this is nothing more or less than "fighting objectives." This is the course, too, which the author has pursued in the way of making competitive examinations of objectives, in his own interests, and in behalf of those of his pupils, his friends, and his correspondents. The result being in nineteen cases out of twenty, that the glass with the wider aperture proved in every other respect the better glass—a result, too, not improbable in its nature, when it is borne in mind that those of our opticians who have given great attention to the development of aperture, are no ways behindhand in their general professional attainments.

Again (to steer clear of cavil or controversy), suppose that of the five glasses before named, all having the same working distance and amplification, the one with the lower aperture being made by Mr. X, and the other of wider angle being by Mr. Y, both objectives being equally well corrected, that such a condition of things is *possible* no one will attempt to deny, here is a condition to which the popular dogma *can* be applied to advantage, to wit: We can send to Mr. Y for another inch similar to the one in hand, but with a lower aperture, and corresponding to that of Mr. X, and it will obtain that Mr. Y, in cutting down the aperture of his inch to that of Mr. X will *increase his working distance*, and here again (comparatively) we gain working distance without loss, or as it has been termed, sacrifice of angular aperture.

Hence we arrive at the conclusion that the function recognized as "angular aperture" *per se*, is not a fixed and definite quantity, nor one that can be fenced in, and subjected to any fixed rules. Nothing definite in the way of rigid law can be applied to it. In the case just mentioned another curious con-

clusion might be arrived at, and justly too. For instance, the decrease of aperture from that of the wider aperture to that of the lower would not only be accompanied (accepting the popular dogma, which in the case in question would hold true) by an increase in the working distance, but the *penetrating* power of the glass would thereby be enhanced, and this too (comparatively) without loss of angle.

The facts presented are valuable and significant, and worth careful thought and study. The author has never seen them in print, and they are, as suggested, the result of an active experience.

And this brings us to the consideration of another matter; I refer to the popular dogma of "penetration." This has been the biggest toad in the puddle, and has exercised an active agency in roiling and mystifying the mind of the microscopist. The doctrine of penetration as generally taken and accepted may be thus stated: Objectives of low angular aperture are endowed with a peculiar, inherent, and intrinsic power, by virtue of which they enable the observer to see and study structures situated in different planes of the object. For example, if the objective be focussed accurately to details occupying an intermediate plane of the object to be examined, then will the low-angled glass allow the observer, without change of focus, to study other details of the said object, situated in planes either nearer or more remote. We have been taught that this is a most valuable property, and one due to the employment of low angles *only*. The idea thus conveyed being that the low angles possess a peculiar and *accommodating* power of great value to the microscopist, to which the wide apertures stand *inflexibly opposed* and defiant.

In support of the doctrine of penetration, it has been customary to present the case of the optical principles governing the action of low apertures, contrasting the same relatively with similar conditions involved in the use of the high angles; thus, we have been taught, that the narrow-angled glass admits, as a matter of course, but a narrow cone of light, the pencils crossing at the focal point at a very acute angle. Hence it is *obvious* that it matters not whether the object to be viewed be placed exactly at the crossing-point, or a little within or without the said focus. The accompanying, and supposed increase of working distance attributable to the narrow aperture, of course is not lost sight of, and we are here admonished to keep in mind the fact, that with an infinite working distance, there would be no need of special focal adjustment, and hence

the longer the working distance, the better. On the other hand we are told that objectives with very high apertures admit a much wider cone of light, the lateral rays of which cross at the focal point at a more obtuse angle, and hence the necessity of placing the object to be viewed exactly in the focal plane. On all other planes, nearer or remote, the object being out of the crossing of the rays, cannot be well defined, and here again conversely the presumed decrease due to the increase of aperture is held prominently in view.

To all the above, which has proved so acceptable to the world of microscopists, the author long ago published his dissent; he never did, and does not to-day, take the least stock in the aforesaid enunciation of the so-called doctrine of penetration, admitting as in the case of the two objectives presented, that the cone of light illuminating the field from the high-angled objective is wider, and that the lateral pencils cross in the focal point at a more obtuse angle, than can occur in the case of the narrow-angled glass; it is nevertheless true (and singularly this little fact seems to have been entirely lost sight of), that the wider cone of light due to the employment of the wide aperture, includes *all* of the *central pencils* present in the case of the narrow-angled glass. In other words there are just as many central pencils at work (and remember that these *are* the fellows that cross the focal plane at such an acute angle, thus furnishing the beloved penetration) in the making up of the wider cone, as *can* occur with the use of the narrow aperture. Furthermore, that it would be not only possible, but eminently *practicable*, by the use of a diaphragm, to cut down the cone of the wider aperture objective to correspond with that of the low-angled glass, hence it is obvious, that in this latter case, the objectives would be worked under similar conditions, as respects the angle at the crossing of the rays, and applying the argument based thereon, neither glass can be endowed with the greater penetration.

Says one: "How about the working distance?" The relations of angular aperture to working distance have already been discussed, and intentionally, with the view of preparing the mind of the reader for the above interrogatory. But there remain other considerations bearing on the matter of working distance, and the clinching argument on the part of the writer, remains to be presented.

In doing this the author is compelled to deal in assertions dogmatically. In the handling and comparing of object-glasses, he has had a very large experience, and he feels that

he has the same liberty to speak *ex cathedra* as has been granted to others. Moreover, what he now has to say, is "important if true," and he is as well assured of their correctness as of any other fact within his knowledge and experience, nor is he alone in the matter about to be stated. Without exception, all who have experimented in the proper direction, will assent to all that will be here claimed, while those who have not, may reasonably be expected to *know not*.

Let it be required to display an object under the microscope and under a given amplification. It matters not what the object may be; be it a diatom, or a bit of voluntary muscle, or what not. Nor does it matter as to the amplification; be it 60, 600, or 6000 diameters, as the case may be.

To attack this object we will provide two *sets* of objectives, including all the focal lengths, say from the inch upwards to the $\frac{1}{50}$ —these glasses to be the very finest of their kind made at the present day, and notably of low apertures; the other set to be similar as to the range of focal length, and quality, but notably to possess the highest apertures (respectively) known.

Now choose your object, select your amplification, and display the power, using the low angles, with their very best foot foremost. This done, allow me to remove the objective, placing in its stead *the suitable* high-angled glass, and I affirm pointedly that the object shall be equally well displayed, under the same amplification, etc., and by an objective, too, having greater working distance than the low angle first selected.

It should be contemplated, in any competitive comparisons of this kind, that they be conducted without prejudice; and solely in the interests of science, and when so conducted, by observers fitted for the emergency, the author apprehends that his statements will be found correct.

We have thus again endeavored to make manifest the idea, that angular aperture is accompanied by a sacrifice of working distance, has no real existence—that is, in the form popularly accepted.

HIGH POTENCY CRITICISM.

BY SAMUEL POTTER, M.D.,
MILWAUKEE, WIS.

In a paper published in the June issue of this journal I attempted to show that the only logical basis upon which the drug-efficacy of the high potencies rests is composed of a mass

of rotten rubbish, called "cures," which have always formed the foundation of every piece of medical quackery by which the world of patients has been deluded from time immemorial. Not denying the existence of the efficacy in question, I appealed from the so-called evidence therefor, to a positive experiment, conducted by the believers themselves, but surrounded with safeguards against wilful or self-deception. In two short months I find myself the centre of a storm of "hail, dunder and blitzen, cyclones, volcanoes, earthquakes, tidal waves, profanity, scurrility, 'open letters,' and nitro-glycerin," as Professor Dudley too truly prophesied.

To put it in the form of a dialogue, it would read about thus :

DR. POTTER.—"I am neither a believer nor an unbeliever in the drug-efficacy of the high potencies, but an agnostic in regard thereto. I respectfully urge that the evidence therefor, though ample in quantity, is utterly deficient in quality; and hope to see some strictly scientific test of the matter made. In absence of a better one, I advocate that known as the Milwaukee Test."

DR. L.—"You must unhesitatingly accept Hahnemann and *his* homœopathy."

DR. P.—"Read the *Organon*. If that does not suit you, take your maiden name 'Eclectic;' otherwise I will hurl upon you the curse of Rome!!"

DR. B.—"Such an idea as yours is not fit for the mind of a pure Hahnemannian. Your bubble test will soon burst if you champion it."

DR. M.—"Suckling! bow down before your seniors."

DR. H.—"You have just got your diploma, and are afflicted with a diarrhœa of words. Constrict your upper sphincter." (*Anglice*, "Shut up!")

DR. T.—"Schubert, Caspari, and Grauvogl. These be thy gods, oh, Israel!"

DR. B., playing on a hand-organ(on).—"You're a liar! and the Hahnemannian a fraud!"

DR. J.—"Borborygmi!! dunder und blitzen!! *brekekekex, coax, coax!!* You're a piddling pyrrhonist, a callow fledgling, an encyclopædic filterer! *Hic! hæc! hoc!* You part your hair in the middle!! *Hujus! huic!* I must pay my dues to my goddess, Cloacina. He spells Thomson with a *p*. Is that hydrous or anhydrous? *Anhydrous*, by Toodles, P. G. Tait, and Josh Billings, my authorities!"

Of these elegant evidences of splenetic stupidity, I can at present notice but one, namely, the accusation of dishonesty, falsehood, etc., in the matter of Hahnemann's posology, and other facts of history concerning "the Master" and his apostles, made against me by the editor of the *Organon*, and by Dr. Pearson in the *Homœopath*. The former, in his last issue, takes advantage of an erroneous quotation* made by me

* The passage referred to (June HAHNEMANNIAN, page 340, second footnote) was taken second-hand. I made the mistake of using it without having verified it; but corrected this error in a list of errata (*vide* September HAHNEMANNIAN, page 572).—S. P.

in a footnote as an illustration, and calmly condemns my "assertions about Hahnemann, Jenichen, and many others" as "equally inaccurate," displaying "either a shameful disregard for truth," etc.

In thus impeaching the historical facts referred to in my paper, the Anglo-American *Organon* impeaches the veracity of Dr. Dudgeon, to whose lectures* I expressly referred† as my authority for the facts stated; such as Gross' infected globules, Mure's lice and deer-skin provings, the day theory of dose of Cruxent, the potentized shakes of Jenichen, the isopathy and lice eradicators of Hering, and the whimsical and contradictory senility of the immortal Hahnemann himself. As the editor of the Anglo-American *Organon* denies the truth of the facts stated, will it be considered heretical or presumptuous, if I respectfully suggest that the next thing in order is for that gentleman to offer some proof for such a sweeping condemnation?

Again, the editor aforesaid, and Dr. Pearson, accuse me of having falsified the record regarding Hahnemann's posology. This point they feebly attempt to prove by the use of garbled quotations from Dr. Hahnemann's papers, as well as from mine. My allusions to his dosage referred, not to his theories on the question of drug dynamization, but only to what we know of his actual use of drugs in his practice. I endeavored to show that, taking his homœopathic career as a whole, he was anything but a high-potency man in practice. My generous (?) critics leave out the qualifying words of the sentence they quote from me, and then proceed to quote against me equally garbled extracts from Hahnemann's writings. For example, Dr. Pearson triumphantly claims Hahnemann as a high potentate, he having used "the 90th in epileptic attacks." A reference to the passage§ shows the true state of affairs to have been as follows, the italics pointing out the words omitted by Dr. Pearson: "*Once* having prepared a dynamized attenuation of Sulphur, up to the 90th dilution, I administered a drop of it on sugar to an aged unmarried lady who was subject to *rare* epileptic fits (*one every 9, 12, 14 months*), and within an hour afterwards she had an epileptic fit, and since then has remained quite free from them."

* Lectures on the Theory and Practice of Homeopathy, London, 1855, by R. E. Dudgeon, M.D., translator of Hahnemann's Lesser Writings, and *Organon*.

† *Vide* footnote to page 331, June HAHNEMANNIAN.

‡ Lesser Writings, page 763.

Dr. Pearson also states that Hahnemann "risked his life on the 30th, and cured himself of a dangerous attack with the 30th of Coffee," omitting, however, to say that the "cure" was made by "two olfactions, of Coff. cr. 30th first, and then of Calc."* He further asserts that Hahnemann, in 1843, "reported cases to Dr. Von Bœnninghausen, cured with the 60th potency." Turning to the book† we find that, in the report of these cases, no potency above the 30th is mentioned, but Mere. and Sulph. were used therein in the 2d; and that the only reason we have for supposing that the 60th was an agent in these cases, is that, in a footnote, Dr. Dudgeon says that Dr. Von Bœnninghausen says that he (Von Bœnninghausen) understood Hahnemann to mean the 60th whenever he omitted to designate the potency employed. Truly the self-styled "true follower of Hahnemann" must acknowledge himself guilty of the "reckless unscrupulousness" which he so readily charges to my account.

Again, Dr. Pearson says that in "the entire *Organon*, every page . . . where the dose is referred to at all, the 30th or higher potencies always take the precedence." The italics are mine, and serve to point out the gross misrepresentation of which my critic is guilty, for in the five editions of that work there is not a single instance recorded of Hahnemann's having used a dilution or potency above the 30th, and but one distinct reference to the existence of such preparations.‡ Dr. Pearson might just as well have said, with equal truth, that "on every page of the Bible where railroads are referred to at all, the four-foot gauge, or narrower, always takes the precedence." Against such methods of argument I can only state the facts, and leave the conclusions regarding my critic's sincerity of purpose and honesty of statement to be drawn by the reader.

The table entitled "Hahnemann's Posology," in my June paper, was compiled from Dudgeon's lectures. Since its publication I have had the pleasure of reading a more complete presentation of the facts by Dr. Richard Hughes, in the *British Journal of Homœopathy* for April, 1878, from which I have compiled the table appended to this paper, which materially supplements the other. An analysis of the facts stated by Dr. Hughes does not show any material difference in the record.

* Hahnemann's Lesser Writings, page 776. The smelling part of the "cure" would have destroyed its validity in the minds of even most high-potency men of the present day.—S. P.

† Op. cit., page 773.

‡ 5th ed., note to § 287.

It will be found that all the definite references made by Hahnemann to any dilution higher than the 30th are only five in number, namely :

(1.) In his 71st year (1826) he said he found Thuja 60th more potent than the 30th in syphilis.

(2.) In his 77th year (1832) he said he had "once prepared" the 90th of Sulph. (see ante).

(3.) In his 78th year (1833) he said of the 60th, 150th, and 300th, that their action is of shorter duration than that of the 30th, "which is generally sufficient."

(4.) In the same year on one occasion he prescribed for himself olfactions of the 30th.

(5.) In his 83d year (1838) he mentioned the 50th as having "most penetrating efficacy."

Out of 183 recorded directions for the dose in his writings, after his announcement of the law of similars, only 27 are for the 30th, only one for the 60th, and not one for a higher potency.

Although in his 74th year he fixed on the 30th for every drug, six years later he departed from this rule by prescribing the use of the 6th and 24th ; and after seven years' further experience he ordered from his pharmacist the 3d trituration of several drugs. He used crude drugs for thirty-two years of his homœopathic career, down to the 73d year of his age (1828). In the last year of his life, the 89th, he prescribed Merc. and Sulph. in the 2d ; and at his death his pocket-case was found to contain all dilutions from the 3d to the 30th, but none in a higher potency. In 1829 he disapproved of diluting beyond the 30th, saying to Dr. Schreter: "The thing must end somewhere ; it cannot go on to infinity ;" and, in 1832, he condemned Korsakoff's potencies as useless to the physician, though interesting as a proof of the divisibility of matter.

Therefore I would say with Dr. Hughes, that "the truest disciples of Hahnemann are those who follow him as he was in the years from 1796 to 1828, rather than those who count the 30th itself a low potency, and dwell habitually in an exalted region far above that which the Master but *looked into*, and himself but seldom entered."

HAHNEMANN'S DOSAGE, AS RECORDED BY HIMSELF.
TABULATED FROM A PAPER BY DR. RICHARD HUGHES (*Brit. Jour. Hom., April, 1878*).

Year.	Age	Events and references.	Doses.	ψ	2	3	6	9	12	15	18	24	30	60
1796	41	<i>Law "Similia" announ'd.</i>	{ Ver. alb., grs. iv. Nux vom. grs. iv. Arn., grs. "a few." Ign., grs. ij-vijj. Opium, grs. $\frac{1}{2}$ -2. Camph., grs. xl. Ledum, grs. vij. Cinch., $\frac{5}{2}$. Ipec., 1 part to 2000.		Bell.	Bell. Op. China. Bell.		Nux.			Ars.			60
1797	42													
1798	43													
1799	44													
1801	46	Organon, 1st ed.	{ Sp. nit. dul. mjj- { $\frac{3}{4}$ in 24 hours.	Arn.					Ars. Ign. Puls. Rhus. China. Asar.	Rhus. Scilla. Asar. Aur. Ilyos. Digit. Ledum.	Ars. Bry.		Ars.	
1809	54													
1810	55													
1814	59													
1816	61	Reine Arz., vol. ii.		Caust. Puls. Rhus. Bry.	Ferr.									
1817	62	Reine Arz., vol. iii.		Guaiac. Camph. Sarz.	Aur. Ruta. Sulph. Arg.	Ipec.					Scilla.			
1818	63	Reine Arz., vol. iv.		Euph. Meny. Samb. Calc. a. Tarax. Verbas. Spong. Cicut.	Ac. mur. Ac. phos.	Cycl.	Aur.	Hyos.	Ver. Ilyos.		Aur. Ilyos.			
1819	64	Mat. Med. Pura, vol. v.												
1821	66	Reine Arz. vol. vi.			Bism.	Coff.	Angus. Stann.	Caps. Dros.			Coloc.	Mang. Acon.	Thuja. Spig. Staph.	

HAHNEMANN'S DOSAGE, AS RECORDED BY HIMSELF—(Continued).

Year.	Age	Events and references.	Doses.	ψ	2	3	6	9	12	15	18	24	30	60
1822	67	Mat. Med. Pura, 2d ed., vol. i.		Cann.			Opi. Olean. Arn.	Cina. Ign. Rheum.	Coc. Merc. sol. Ign. Ars.	Merc. c.		Dulc. Acon.	Bell. Nux. v. Rhus. Bry. Ars. Hyos. Digit.	
1824	69	Mat. Med. Pura, 2d ed., vol. ii.		Puls. Causc.	Ferr.				China. Asar. Verat. Cham. Hyos. Aur.	Scilla. Asar. Ledum.	Ars.	Hyos.		
1825	70	Reine Arz., 2d ed., vol. iii, iv.		Gual. Camph. Sarz.	Ruta. Sulph. Arg.	Ipec. H. sulph.		Stram.						Thuja.
1826 1827	71 72	Reine Arz., 2d ed., vol. v. Reine Arz., 2d ed., vol. vi.		Verb.	Bism.	Ac. mur. Amb. Carb. a. Carb. v. Stann.	Angus.	Ac. phos. (caps.)				Coloc.	Coloc. Mang. Dros. Cicut. Spong. Thuja. Calc. c. Graph. Lycop. Iod. Mag. c. Ac. nit. Hyos. Sepia. Silic. Zinc.	
1828	73	Chronic Dis., 1st ed.		Sulph.		Carb. v. Sepia. Natr. c.	Ac. nit. Merc. s. Sulph. Antim. Mang.		Carb. a. Carb. v. Mag. Natr. c.		Amn. c. Bary. c. Calc. c. Graph. Lycop. Mag. c. Ac. nit. Ac. nit. Petrol. Silic. Zinc.			
1829 1833 1835 1837 1839 1843	74 78 80 82 84 88	Fixed on the 30th as the proper dose for all remedies, for the sake of uniformity. Spoke of the 60th, 150th, and 300th as efficacious, but of shorter action than the 30th. (Organon, 5th ed.) Used Ac. nit. 6. (Chron. Dis., 2d ed.) Directed descending from the 30th to the 24th, when repeating. (Chr. Dis., 2d ed., 3d part.) Spoke of the efficacy of the 50th. (5th vol.) Bünninghausen says he used the 60th, not seldom.												

NOTE.—The following references, given by Dr. Hughes, are omitted from the above table, in order to economize space: 1814, Hyos. 10; Bry. 16; Rhus 16; 1818, Aur. 1; 1821, Coloc. 21; 1822 Mosch. 3x.

CHOLERA IN JAPAN.

BY J. P. DAKE, A.M., M.D.,
NASHVILLE, TENN.

THE American Consul, J. Stahel, under date of June 24th, and, again, 26th, notifies our State Department of the prevalence of cholera in the ports of Osaka and Hiogo, Japan.

Up to the 24th there had been 634 cases in the Hiogo ken, with a mortality of over thirty-three per cent.

Dr. Harris, late Surgeon United States Volunteers, residing at Kobé, the port of entry where foreign vessels lie, three miles from Hiogo proper, submitted his views of the disease to the Consul as follows:

"The disease now prevailing in this ken, I am inclined to believe not perfectly identical with Asiatic cholera, though I beg you to understand that I speak from a very limited experience, as no cases have occurred among the foreigners on the Concession, and but one or two among the Japanese, who are accustomed to look to me for advice. I gather from very imperfect statistics all the ideas I have of the magnitude of the epidemic.

"It is reported that, since the 28th of May, there have been in this ken, of about 1,000,000 inhabitants, 632 cases, and 212 deaths.

"The Japanese call it cholera, but the cases that came to my knowledge, three in all, and two of them fatal, presented some distinct features which I will try to present by placing them side by side with true cholera symptoms. In true cholera there are:

- "1. Frequent copious stools.
- "2. They are without bile.
- "3. There are cramps.
- "4. There is great and rapid emaciation, and shrivelling of skin.
- "5. There is little or no perspiration.
- "6. There is a peculiar coldness of the extremities, and of the whole body—the animal heat is rapidly parted with.
- "7. It is difficult to control the evacuations, but when once controlled or stopped they do not return.
- "8. No mucus in the stools, and no tenderness over any part of the bowels, indicating inflammation or any condition approaching it.

"In the disorder now observed, there are:

"1. Stools not very frequent or very copious.

"2. Stools usually tinged with bile, even in the fatal cases.

"3. There are no cramps.

"4. The emaciation is not very marked, and the shriveling of the skin is confined almost entirely to the hands, which are cold, colder than the feet, while the body down to the knees is quite warm. This I found in a case that was pulseless.

"5. In one fatal case profuse perspiration. In the one that recovered a warm skin moist with perspiration. In the other fatal case nothing very marked.

"6. Hands alone cold, feet less so, and body warm.

"7. It is not difficult to arrest the evacuations, and in the cases I observed, this had been done before I interfered.

"8. Mucus in ropelike masses (this I think the characteristic of this disorder; one mass was lifted up before me as large around as my forefinger and a foot long); a tender spot about the navel.

"In regard to the arrest of the discharge from the bowels, I should have mentioned that in one fatal case they had been stopped for sixteen hours.

"Then the patient had two small passages and died. In the other fatal case the patient had not had a stool for twenty hours, but was pulseless when I arrived. The first fatal case died just before I reached the house, and I got my information from the Japanese physician in attendance."

The foregoing letter appeared in the *National Board of Health Bulletin*, of August 2d.

In the same publication, September 6th, appears the following:

"Medical Inspector Kindleberger, U. S. N., writes over date of July 24th, 1879, as follows:

"During the last six weeks a disease, having most of the symptoms of Asiatic cholera, has been raging in several of the provinces of Japan. Up to within a few days over 18,000 cases have been reported, of whom about sixty per cent. have died. Great difference of opinion prevails among the medical men as to the identity of the disease.

"So far no Europeans have been attacked, and among the Japanese the poorer classes only are the sufferers.

"No symptoms of it have occurred on board any of the vessels of the squadron.

"Yokohama is yet free from, but has some indications of the coming of the disease."

When I first read the statement of symptoms and comparison made by Dr. Harris, I was struck with the similarity of the Japanese cholera epidemic to that experienced in this city and surrounding region in the year 1873.

It was a question among our medical men, whether the disease prevailing here should be called the Asiatic cholera or not. The chief difference was in the color of the evacuations, most cases presenting what are generally termed "bilious stools." The dejections were frequent and copious, with an ever-corresponding degree of "emaciation and shrivelling of the skin," and tendency to collapse.

Dr. Harris is mistaken in saying that little or no perspiration is characteristic of genuine Asiatic cholera. I have been familiar with the purest type of the disease, as it appeared in the United States, in 1849, 1854, and 1866, and I know that persons sinking in collapse had very free and sometimes copious perspiration, notwithstanding all the vomitings and purgings endured in the earlier stages of the seizure.

The absence of the rice-water appearance in the stools was a puzzler to those of our practitioners who were accustomed to rely upon large doses of Calomel, considering their patients safe when "the liver began to act."

I did not hesitate to recognize genuine Asiatic cholera in Nashville, though the evacuations were of a darker hue than rice-water.

I accounted for the color by the fact that the disease came early in the season, before the appearance of fruit and vegetables had wrought the usual change in the fluids of the body, making them of a lighter cast.

The absence of the vegetable juices had also the effect of rendering the evacuations less copious, though none the less exhausting. And the presence of bile, irritating the mucous membrane of the alimentary canal, might account for the presence of mucus in the stools.

I know not how the supply of fruits and vegetables may be in Japan, in the month of May, and whether the same reasoning will apply there as here, during our last epidemic.

The disease appeared in Nashville in 1873, about the same time as it is reported as appearing in Japan, the last week in May.

The rate of mortality in Japan has been greater than here,

owing, doubtless, to the squalid condition of the people among whom the disease has chiefly prevailed.

But, here I should mention, that, in Tennessee the greatest mortality as well as greatest prevalence, was among the negroes and other persons not accustomed to the most approved means and modes of living.

From all accounts I am persuaded that the disease prevailing in Japan is the genuine Asiatic cholera, and that every precaution should be taken to limit its spread, especially into Europe and this country by means of shipping.

The fact of its non-appearance as yet among the foreign residents and seagoing people in Japan, is encouraging.

Our Western coast as well as our Eastern should be well guarded.

THE PROGRESS OF THE MILWAUKEE TEST.

REPORT OF THE STANDING COMMITTEE ON THE TEST TO THE MILWAUKEE ACADEMY OF MEDICINE.

MR. PRESIDENT AND GENTLEMEN: Your Standing Committee on the Milwaukee Test beg to submit the following report on the present condition of that measure, which has now for over six months past engrossed the attention of a large part of the medical profession. The object of the proposition is well known to you, as are also its terms. Both of these have, however, been misrepresented by our opponents, which will be our excuse for recapitulating the main features of the measure.

Two tests are proposed, both of the 30th Hahnemannian attenuation of any remedy in common use which may be applied for. The first is pathogenetic; the second therapeutic; and it was believed that both these tests would cover all objections which might be made. The only qualifications asked for in an experimenter are, that he shall be a believer in the efficacy of the 30th dilution, and familiar with the symptomatology of the remedy he applies for. No conditions are imposed upon him in respect of the manner, or method, or subject he may employ for his experimentation. He may test the remedy on himself or his mother-in-law, on the healthy or the sick, the young or the old, the obtuse or the sensitive to drug-action; and, if he has any practice at all, he will know of some individual who is sensitive to some particular drug. The task is for him to designate which vial contains the medicated pellets.

Naturally the question provoked considerable discussion, and

of those who have shown any interest in the matter we find them ranged on two sides, for and against the proposition. We will quote a few of its many friends:

PROFESSOR T. F. ALLEN, of New York, said, at the American Institute meeting: "It is a step in the right direction."

PROFESSOR CHARLES B. GATCHELL, of Ann Arbor, says, in the *March Observer*: "I regard the proposition as a very fair one. You may add my name to the list," etc.

PROFESSOR J. S. MITCHELL, of Chicago, writes: "I think well of your plan. We should test our remedies fully in every way."

PROFESSOR J. P. DAKE, of Nashville, writes: "Your proposition is fair and the method decidedly scientific."

PROFESSOR ASA S. COUCH, of Fredonia, says: "I am glad that your Academy has moved in the matter of testing the high potencies. Shall hope for good results."

DR. RICHARD HUGHES, of England, writes: "I propose to bring it before the British Homœopathic Society."

DR. H. M. PAINE, of Albany, writes: "A thorough and impartial test. I rejoice in your effort, and I believe you will succeed."

PROFESSOR PEMBERTON DUDLEY, of Philadelphia, says: "The Milwaukee Test furnishes an occasion which ought to be made the most of."

PROFESSOR P. G. VALENTINE, of St. Louis, says: "This seems to us a fair proposition."

DR. H. R. ARNDT, of Grand Rapids, writes: "Command my assistance and services whenever you please."

DR. O. W. SMITH, of New York, writes: "Will aid you in any way that I can in carrying out your plan with determination and completeness."

DR. W. H. WINSLOW, of Pittsburgh, writes: "I am in sympathy with you in the test."

DR. W. F. MORGAN, of Leavenworth, writes: "Your article seems to be candid. I am willing to co-operate."

DR. H. A. FOSTER, of Buffalo, writes: "It is fair, reasonable, and rational."

PROFESSOR A. W. WOODWARD, of Chicago, says: "I will find the medicated vial, I warrant."

DR. G. R. MITCHELL, of Richland Centre, says: "I am heartily glad that the Milwaukee Academy has undertaken the work of testing the efficacy of the 30th."

DR. E. C. MORRILL, of Norwalk, Ohio, says: "I can pick out the medicated vial of Nux every time, and will wager \$100 on it."

The New York State Society at its meeting in February, approved the test by a formal resolution, and appointed a committee of three to co-operate with this Society in carrying it out. Two of the committee, high-potency men, refused to obey the instructions of their Society, and have prevented the issuing of any announcement by the committee, in accordance with the wishes of the State Society. The third member, Dr. Paine, is warmly in favor of the test.

The following physicians, believers in the efficacy of the 30th attenuation, have applied for and received the test-pellets.

PROFESSOR C. B. GATCHELL, Ann Arbor, Mich.	DR. N. A. PENNOYER, Kenosha, Wis.
PROFESSOR A. UHLEMAYER, St. Louis, Mo.	DR. C. R. MUZZEY, Watertown, Wis.
PROFESSOR W. J. HAWKES, Chicago, Ill.	DR. E. C. MORRILL, Norwalk, Ohio.
DR. WILLIAM EGGERT, Indianapolis, Ind.	DR. O. S. CHILDS, Beaver Dam, Wis.
DR. H. L. WALDO, Troy, N. Y.	DR. WILLIAM E. TRITES, Manayunk, Pa.
DR. W. F. MORGAN, Leavenworth, Kan.	DR. M. A. RIES, Milwaukee, Wis.
DR. J. W. THOMPSON, Greenfield, Mass.	DR. G. R. MITCHELL, Richland Centre, Wis.
DR. JOHN H. THOMPSON, New York.	DR. F. NELSON, Minneapolis, Minn.
DR. W. H. BLAKELEY, Bowling Green, Ky.	DR. WILLIAM COLLISON, St. Louis, Mo.
DR. W. S. GILLET, Fox Lake, Wis.	DR. E. A. L. CAMPBELL, Attleboro, Mass.
DR. C. H. HALL, Madison, Wis.	DR. T. L. BROWN, Binghamton, N. Y.
DR. A. W. WOODWARD, Chicago, Ill.	DR. C. MOHR, Philadelphia, Pa.
DR. O. W. SMITH, Union Springs, N. Y.	DR. W. A. PEARSALL, Saratoga, N. Y.
	DR. W. M. BUTLER, Middletown, N. Y.

The opponents of the test are well represented by the following extracts from the letters and articles of the most prominent among the men who are daily furnishing the oft-quoted "great mass of evidence" for the medicinal efficacy of the high potencies. They are, strange to say, almost unanimous in condemnation of what would seem to be an excellent opportunity for them to prove beyond cavil the claims which they so vehemently urge.

DR. AD. LIPPE, of Philadelphia, calls it "an absurd question" and "a ridiculous test."

DR. C. LIPPE, of New York, says, it "cannot be a scientific test. I feel its absurdity."

PROFESSOR T. S. HOYNE, of Chicago, writes: "No use or necessity of proving what has been proved thousands of times."

PROFESSOR T. P. WILSON, of Cincinnati, calls it "a madeap scheme," and says that it is "not only uncalled for, but bordering upon the ludicrous."

DR. T. F. POMEROY, of Detroit, lets the cat out of the bag, thus: "The advocates of the potential efficacy of the 30th dilutions cannot be caught in any *such trap* as it thus spreads for their feet; nor can they be beguiled or misled by any such *artful dodge* as is proposed through the instrumentality of the Milwaukee Academy of Medicine."

DR. C. E. BLUMENTHAL, of New York, says: "I do not consider the proposed so-called test of any value."

DR. L. E. OBER, of Wisconsin, says: "The proposed plan is just as fallacious as the error you wish to correct."

DR. S. LILIENTHAL, of New York, says: "The test is not fair, because it is not complete; because it differentiates not strict enough."

DR. JOHN C. MORGAN, of Philadelphia, says: "The whole movement [is] a partisan aggression, an effort to brand the whole record of homœopathic practice."

DR. C. H. VON TAGEN, of Chicago, says: "A local medical association is not the proper source for such a movement."

DR. C. PEARSON, of Washington, thinks that the movement is an effort to prove him "either a fool or a rascal, and a death-thrust at homœopathy; one that its vilest enemies have hitherto failed to equal."

DR. SCHULZ, of California, seeing only the pathogenetic test, believes it will fail, and therefore will do homœopathy no good.

DR. GEORGE H. CARR, of Michigan, writes: "The potency is altogether too low. In my every-day practice I use the 100,000th potency, and higher, as high as the 50^{mm} of some drugs. I am too well pleased with their action; too much so to ever 'putter round' with 30ths. When you are ready for a complete test, with *genuine* high potencies, I will be only too happy to accommodate you."

DR. R. B. McCLEARY, of Illinois, writes: "I have been using the high attenuations for years, from the cc to 85^m, with the best of results; and I have no hesitancy in declaring my preference for the high potencies, but decline to enter into an arrangement to test already well-tested remedies."

DR. T. BACMEISTER, of Illinois, says, that "every single principle underlying this test is absolutely false, and the result . . . is of no import."

PROFESSOR SAMUEL A. JONES, of Michigan, writes: "I have no need of such a test. I have no time to spend in or on superfluous work," and with his usual elegance of diction, ascribes it to "the piddling pyrrhonism of beer-brewing Milwaukee."

DR. WILLIAM GALLUPE, of Maine, writes us thirteen pages of "silent contempt," as it rightfully deserves.

The journals have nearly all paid their respects to the test, some by publishing the announcement, others by ridiculing the measure and its defenders, others again by misrepresenting both. The *St. Louis Clinical Review* and the HAHNEMANNIAN MONTHLY have not only indorsed the proposition, but have opened their columns freely for its defence. The Anglo-American *Organon* at first approved the plan, but after its American colleagues sounded the alarm, it joined in abusive misrepresentation. The *Observer* dodged the question by being "out of town," when the pamphlet announcing it arrived. The *Homœopath* refused to publish the proposition because it had already appeared in print, and has editorially misrepresented it, and opened its columns to the most virulent attacks upon the Test and its defenders.

Much hard work has been done by your committee and the Secretary, Dr. Schlämilch, in writing to physicians, answering inquiries, and defending the test in the journals. In this they have been aided materially by Dr. Storke, of this Society, and by Dr. Paine, of Albany, New York.

This report would be incomplete if it did not notice certain counter-propositions made to this Academy or to members thereof by gentlemen who do not like the plan adopted. Of these, that of Professor T. F. Allen is the most important, by reason of the prominence of its author, and of the place in which it was announced. Before the American Institute, at its last session, Professor Allen spoke bravely for the high potencies, and indorsed the principle of the Milwaukee Test, but preferred a different arrangement, which was, that Boericke & Tafel

furnish him with one remedy in the 30th potency, selected from a list of six (or ten) remedies which he should name, and he would designate it at the next session of the Institute.

Another plan is by an English chemist, a Mr. Alfred Heath, in the columns of the *Anglo-American Organon*, and is to the effect that this Society should send him three or four thirtieths of certain drugs designated by him, and at the same time deposit with a well-known partisan of the high potencies a sealed description of the same, Mr. Heath thereupon to ascertain by experiment which remedy is contained in each vial. He does not say what he proposes to experiment upon, the sick, or the healthy, or the sealed description in his friend's hands.

A third plan is proposed by [Dr.] M. A. Bronson in the May *Homœopath*. He wants us to order Boericke & Tafel to send him two unmarked vials, one filled with pure alcohol, the other with the 30th of Mere. Sol., and he will, by therapeutic use, ascertain which is the remedy. He forgets that, if his credit is good, Messrs. Boericke & Tafel will send him the vials without our order, and he can experiment therewith to his heart's content. His plan is exactly the same as the therapeutic portion of the Milwaukee Test, divested of any safeguard against error, or self-deception, or leakage of the identity of the material.

A fourth proposition was made by Dr. George H. Carr, of Michigan, in a letter to your Secretary. He says he won't "putter round" with 30ths, but give him genuine high potencies (100,000ths to 50^{mn}), and he will be happy to accommodate us. Dr. Schlcemilch wrote, asking him to send on his 100,000th of any drug he had most confidence in, and that we would return it with a similar vial of blanks. No response has since been received, although several months have elapsed.

Another proposition is that of Professor W. J. Hawkes, of Chicago, made at the last meeting of our State society, and since repeated in the *Homœopath*. He will undertake to pick out the 30th as often as we can pick out the 3d (he afterwards raised this to the 6th), and will bet \$100 thereon.

Various other plans have been proposed in general terms. None have been strictly defined, except the foregoing, which are in no wise improvements on our method, as they diminish rather than increase the safeguards surrounding the experiment. Your committee would suggest that so far as this society is concerned the consideration of these proposals be postponed until after the conclusion of the Milwaukee Test. To take up every challenge, to adopt every plan or suggestion received

from persons who dislike the plan which we have adopted, would be to cause confusion, and a lack of uniformity, which could not help the final result, but would tend to weaken its positive character. *One plan at a time* should be our motto, and when we have done with this test we can feel at liberty to enter upon others. An exception, however, might be made in the case of Professor Allen, who, from his position as editor of the great *Encyclopedia of Homœopathic Materia Medica*, is entitled to every consideration which will aid him in co-operating with us. Your committee, therefore, recommend that your Secretary be requested to communicate with Professor Allen, asking him to state his objections to the method of the Milwaukee Test, if he has any, and to define his proposition in writing, carefully surrounding it with strictly scientific safeguards. When thus stated it will be in better shape for your consideration than in its present form of an oral proposition.

SAMUEL POTTER, M.D.,

LEWIS SHERMAN, M.D.,

E. M. ROSENKRANS, M.D.,

MILWAUKEE, September 2d, 1879.

Committee.

SPONGIA IN DIPHTHERIA.

BY W. R. BAYNUM, M.D.,
NEWPORT, ME.

MALIGNANT diphtheria had been raging in our village four weeks, when two children in a family living in an upstairs tenement were taken the same day.

July 12th.—Was called to attend them, they having been one week under allopathic treatment, consisting of dilute Carbolic acid, Sulphur and sugar, and Chlorate of potash. Found the younger already beyond hope, with the most fearful form of the disease. The elder, a girl of six years, frail, slender, dark hair and eyes, with the following symptoms:

Pulse 120, respiration 20, skin hot, voice had grown husky three days before, and was now completely lost; shrill whistling breathing, as labored during expiration as inspiration; pale, puffy face, glistening eyes, and dilated pupils; glands about throat only slightly swollen, no pain in swallowing, but vomiting immediately afterwards; prostration not remarkable; no appetite, slight thirst, slight cough; breath fetid, tongue coated heavily and yellow; tonsils, palate, and uvula covered with a dirty-yellow, stringy membrane, while the pharynx was

lined by a membrane the color of cartilage; streaks of same colored substance running forward on the palate from the yellow membrane, and also on the gums near the upper molars.

I prescribed Kali bich. 1^x trit., in water, teaspoonful hourly.

July 13th.—Pulse 110, respiration 35; very uneasy, restless night, with frequent coughing, choking, and vomiting; ejected masses of yellow membrane, which has disappeared from the palate, tonsils, and uvula; the glistening lining of the pharynx the same; tongue cleaning, leaving its papillæ prominent and red. Kali bich. 1^x, given in same manner.

July 14th.—Pulse 100, respiration 35; skin less heated, hands and feet cold, don't want to be touched, peevish; whistling breathing has changed to rattling, and is less labored; breath less fetid; will not take nourishment nor water; calls for medicine in whispers. Kali bich. 3^x in half glass of water, teaspoonful hourly.

July 15th.—Pulse 100, weaker; respiration 40, more labored, whistling, sawing, frequently aggravated to positive struggle; little wheezing cough, with agonized face; very restless all night, constantly throwing the head backward, tearing clothing from the neck; cannot examine the throat; absolutely refuses food.

Medicine same, to be taken half hourly. Inhalation of 2 grains crude Iodine to half pint water. Hot poultice to neck changed frequently.

July 15th, 4 o'clock P.M.—Pulse 100, respiration 50, very wheezing, whistling, occasionally sawing; head thrown back, muscles of chest working, abdomen drawn up under the ribs with every effort to inflate the lungs; cold clammy sweat all over. Iodine 1^x in water, teaspoonful every fifteen minutes; warm poultice same.

July 15th, 11 P.M.—No improvement; have attempted inhalation of Iodine, two drops to pint of water, but it aggravates; inhalation of steam also aggravates; application of Iodine tincture to hot poultice on throat; continue Iodine 1^x.

July 16th, 4 P.M.—Pulse 90, respiration 60, still sawing, whistling, the whole body in motion in the struggle for breath, but is not restless, lies quietly on the side, only anxious for breath; does not want to be fanned; eyes fixed, pupils dilated; does not notice attendants; has not vomited for thirty-six hours; loose involuntary discharge from bowels this morning. Spongia 2^x trit., in water, teaspoonful every fifteen minutes. Hot poultice continued without the Iodine.

July 17th, 7 A.M.—After taking Spongia two hours some

relief; has slept four hours during the night; pulse 80, respiration 40, rattling, loose; no effort to cough; has taken the white of an egg with brandy and water this morning; no further diarrhoea; skin warm, sweat. Spong. 2^x trit., dry, hourly.

July 17th, 3 P.M.—Pulse 80, irregular, respiration 30, continues rattling as though the throat full of loose substance, but does not cough or raise; very much less labor in breathing, which is worse during sleep; no seeming effort of muscles of chest and abdomen. Continued Spongia 2^x trit., and 6^x trit., in water, alternately every hour.

July 18th.—Pulse 80, respiration 20, without labor or noise, can only discover it by ear to the throat, where there is still a rattling sawing. Slept most of the night, sweating; could not be aroused to take medicine; no cough, whispers hoarsely for food, has taken lamb broth freely; membrane in the pharynx gone, part of the uvula and palate gone. Spongia every two hours the same.

July 27th.—Has continued improving under Spongia alone; voice has returned, though a little piping yet, and danger is over—the case is cured.

CASE OF ABSCESS OF THE LIVER, WITH OPERATION.

BY M. FRIESE, M.D.,
HARRISBURG, PA.

(Read before the Homœopathic Med. Society of the State of Pennsylvania, Sept., 1879.)

ON the 16th of March, 1878, I was called in counsel with Dr. Charles B. Fager, of this city, in a case of threatened hepatic abscess. The patient, a man, aged fifty years, had been in bad health for the space of two years; he had had frequent "bilious attacks," with pain in the right hypochondriac region. At the date of my first visit, he had been ill for several weeks—confined to his bed. Upon examination I found great tenderness over the right lobe of the liver, with considerable swelling; I could not detect any fluctuation. He had some symptoms of suppurative fever, and, as we concluded that abscess was inevitable, we gave him Hepar sulph. calc. 3^x trituration, a powder every two hours, and ordered a flaxseed poultice over the part. We continued this treatment until the evening of the 22d, at which time the patient was suffering extremely, and seemed to be losing his strength very fast. I now explored the region affected with a hypodermic syringe,

and drew out some pus. The abscess was situated quite deep under the integument and muscles, with no hope of opening spontaneously on the outside, but with strong probability of discharging internally. On the morning of the 23d, we determined to open the abscess, and after using a rather large quantity of Ether and Chloroform, we produced full anæsthesia.

Having placed the patient with his right side close to the edge of the bed, I made an incision through the integument with a bistoury, and then plunged a large-sized curved trocar into the abscess. A large quantity of very offensive pus was drained off through the canula, which was retained in position for three days; there being constantly more or less discharge. At the end of this time I removed the canula and inserted a silk tent, which was retained, and reapplied from time to time, to prevent closing of the opening. The patient reacted well from the operation, and was given China for a day, after which he had nothing but Hepar sulph. calc. 3^x trituration, which was continued, at intervals, for several months. The patient made a good recovery, and is quite well at this time, August, 1879.

We attribute his restoration, in a great measure, to the persevering use of Hepar sulphur.

INTERMITTENT FEVER.

BY R. E. CARUTHERS, M.D.,
ALLEGHENY CITY, PA.

THE following record of cases has been extracted from the case-books of the medical wards of the Homœopathic Hospital and Dispensary of Pittsburgh, having been treated therein during my terms of service as attending physician.

Although we rarely find intermittent fever indigenous to our locality, yet, from our situation on the head-waters of the Ohio River, it is of frequent occurrence among those engaged on the river, and especially in hospital and dispensary practice.

Only one of the patients mentioned below contracted the disease here, and he had been working for some days in the hold of a boat that had just arrived from the Lower Ohio.

Otto O., æt. twenty-four years, was admitted to the hospital October 25th, 1875. He had chills and fever three weeks ago while in a hospital in New York city. He was relieved there, but five days ago had a return of the trouble. The

attacks now come every day at 8 P.M. The chill lasts for a half hour, succeeded by fever, which lasts an hour, after which the sweat follows. He has headache during the sweating stage. He received this morning Lycopod. 30th in water, a dose every three hours.

26th. Reports that he had no chill or fever last night, but had the usual headache.

28th. Diarrhœa came on yesterday noon; stools whitish, painless, eight in twenty-four hours; bad taste in the mouth. He has had no chill since the 24th inst. On account of the diarrhœa he received Pod. 6th, in water, a dose every two hours.

30th. The diarrhœa has ceased; complains of nausea after eating; had slight chill last evening about 7 o'clock. Received Lyc. 10^m., one dose.

31st. He has no decided chill, but all this morning he has had chilly creepings, accompanied by "gooseflesh," lasting only a few minutes; great thirst; pain in chest when breathing; bowels costive; frontal headache. For these symptoms he received Nux vom. 6th, in water, a dose every two hours.

November 3d. No chill since; treatment continued.

6th. Feels better. He still has some pain in the chest, but not severe. Continued Nux.

The patient continued to improve, and on the 18th inst. was discharged cured.

Frank S., æt. twenty-six years, October 3d, 1875. This patient has had ague for five weeks. The attacks come daily in the evening. With the exception of a severe frontal headache, there was nothing could be gotten from him in relation to the attacks, he being extremely ignorant, so without other indications than those given he received Bryonia 6th every two hours.

4th. He had no chill last night, but had very severe headache. Continued treatment.

8th. Had no headache to-day.

10th. He has slight headache to-day, but has had no chill for eight days. He was given a package of Bry. 6th, with directions to take a dose every three hours, and discharged.

Thomas W., æt. forty-five years, October 13th, 1875. This man has had ague for two weeks, the chills coming every second day. For the last three days has had an attack every day, always in the afternoon, beginning between 12 M. and

1 P.M., and lasting for two or three hours. He was given Arsen. 6th, in water, a dose every three hours.

15th. No better; had a very severe chill to-day. He received Ipec. 6th every three hours.

16th. The chill to-day was not so severe. Continued treatment.

20th. He has had no chill since the 16th. He feels very well, but is weak. Ipec. 200th night and morning.

21st. He, to-day, called my attention to a swelling of his legs. They were cedematous, having a waxy appearance. Under the use of Arsen. 30th, a dose every three hours, the cedema speedily subsided, and he was discharged cured on the 25th inst.

Henry D., æt. nineteen years, was admitted to the hospital November 11th, 1875. He has had chills and fever for ten weeks. He now has an attack every day at 8 A.M., which lasts for two or three hours. The attack consists only of the chilly stage, not being followed by fever or sweat. He complains of pains in the head and chest; has slight cough. He received Eupator. perf. 6th, in water, every two hours.

16th. He has had no chill since his admission; has been steadily improving, but still has some pain in his chest and cough; coughed all last night; sweat at night. Treatment continued.

18th. The cough is not so bad, neither is the sweat. He complained of chilly feelings yesterday morning for about an hour. He received Eupat. perf. tincture in water.

21st. He had chilly feeling again yesterday morning, not a regular chill, but followed by slight fever and sweat; felt tired after the fever.

The treatment was continued, and he was kept in the ward until the 29th inst., when, not having had any return of the chill, he was discharged.

Hugh H., æt. thirty-three years. This patient, a machinist by trade, contracted the disease while working in the hold of a steamboat lying at the wharf in Pittsburgh. He was admitted May 22d, 1879. He has had chills every second day since May 1st; had one yesterday. The attack begins about 9.30 A.M. The chill is preceded by nausea and vomiting. Prescribed Ipec. 3d, in water, every two hours.

23d. He had a chill to-day, beginning at 12.30 P.M., and lasting two hours. Continued treatment.

He had no more attacks, and on the 29th he was discharged well.

J. B. K., æt. twenty years, June 11th, 1878. This patient had suffered with ague six years ago while living in Illinois. He was taken with a chill three days ago, which lasted about an hour, followed by some fever. He had an attack yesterday morning before admission, and was dull and drowsy in the afternoon. He complains this afternoon of slight frontal headache; tongue is slightly coated. He received Nux 6th, in water, a dose every two hours.

13th. No more chills. He feels well and wants to go, so he was discharged on the 14th inst.

James C., æt. thirty-nine years, April 15th, 1879. He contracted the disease in Illinois last July. He had no trouble through the winter, but began, five weeks ago, to have attacks every second day. For the last five days they come every day. The chill lasts about an hour, and the fever about the same time. He received Nux 3d, in water, every two hours.

16th. The chill came on to-day at 11.30 A.M. Prescribed Arsen. 6th, in water, every two hours.

18th. Chill each day at the same time. Continued treatment.

From the last date until the 26th he had a chill every second day, but each time the attack anteposed, until, on that day, it came on at 8 A.M. He then received Kali carb. 6th, in water, every two hours. This remedy was prescribed at the instigation of Dr. J. F. Cooper, the consulting physician, who had frequently had good effects from it in cases which did not yield to the apparently indicated remedy, and the result in this case was indeed most happy. He had no more chills. He was given placebos until May 2d, when the medicine was resumed for one day, that being the seventh day since the last chill.

May 5th. He was discharged cured.

EXTRACTS FROM CASE-BOOK OF THE HOMŒOPATHIC HOSPITAL, WARD'S ISLAND, NEW YORK.

BY CHARLES H. HOFMANN, A.B., M.D., HOUSE PHYSICIAN.

CASE I.—C. R.—, æt. 26 years, single, peddler, admitted May 14th. For the last three weeks has had sharp, shooting pains over the lower portion of the chest, on the sides, and

shooting around to the back. Every night his supper lies like a stone in his stomach, and gives rise to a sharp, stitching pain if he breathes at all deeply; no thirst; appetite good; constipated and sleepless at night. *R. Nux vom.* 3 \times .

May 22d. Discharged cured.

CASE II.—R. M——, *æt.* 34 years, widower, laborer, admitted April 9th. Has had rheumatism for the last fourteen months. First affected him in the back; he then had a dull, heavy pain in the ilio-lumbar region. He now complains of dull, heavy, steady pains, day and night, in the left hip, and down the thigh to the knee-joint. These parts are stiff and worse from sitting any length of time. On first attempting to walk about has great pain, but relieved by continuing the walk. *R. Rhus.* 3 \times .

The treatment continued the same until June 1st, when a few doses of Sulph.³⁰ were given.

June 3d. Discharged cured.

CASE III.—P. McV——, *æt.* 47 years, single, bartender, admitted May 31st. Has had rheumatism at intervals for eight years. On being admitted, the right shoulder and elbow-joints were painful and stiff, likewise the finger-joints of both hands. Both ankles and the toes and soles of both feet were painful and considerably stiffened. Pains sharp and pricking in character, and at other times sore. *R. Colocynth.* 3 \times .

June 3d. Joints less swollen and rapidly improving; joints feel better after limbering them up by exercise.

June 10th. Discharged cured.

CASE IV.—John L. N——, *æt.* 32 years, widower, clerk, admitted May 31st. Has had intermittent fever about three years. It came on in autumn three years ago. Has taken Quinine several times, and each time the paroxysms were arrested until the approach of damp weather, when the fever would make its reappearance. Has a distinct chill at 10 A.M. every other day, which lasts two hours. Chill begins with yawning and a weary feeling; then chilliness all over the body with thirst. The fever following lasts about six hours and abates about 6 P.M. Great thirst, but drinking produces nausea; severe, dull, frontal headache. During nearly every period of fever he loses consciousness. Again becomes conscious when sweat sets in, which is profuse.

During chill hands and fingers are pale and nails blue. During the intervals in the paroxysms feels very weak. The next day he has a weary, tired feeling, and about 2.30 P.M.

has light fever, thirst with nausea during the fever. At 6 P.M. the fever subsides just like the severe paroxysm the day before. Has also slight sweat and headache. *Ry. Natr. mur.*³⁰.

June 1st. No chill, fever, nor sweat, but has a heavy feeling instead.

June 2d. Completely recovered; feels as well as he ever did before in his life.

June 9th. Discharged cured.

CASE V.—John G——; æt. 79, single, blacksmith, admitted June 17th. Has had intermittent fever. Has a continual jumping headache, as he describes it, very thirsty all the time; with anorexia. Chill comes on at 9 A.M., and lasts until 3 P.M. During the chill intense aching pain in the back and in the bones; also nausea and vomiting following the chill. Intense fever, with thirst and frontal headache of a throbbing character. Becomes unconscious during the fever, which continues until 8 P.M., when sweat commences, which lasts about an hour, together with great shaking all over and great thirst. *Ry. Ipecac.*³⁰.

June 21st. Has had no chill since he came into the hospital.

June 26th. Discharged cured.

CASE VI.—James E——, æt. 52 years, widower, driver, admitted August 5th. Had a chancre about twenty years ago, followed by the various secondary symptoms. For these he took large doses of Iodide of potassium, and was soon apparently cured.

Last October, being exposed to wet weather for a considerable period of time, he began to be troubled with rheumatism, which first appeared in the left shoulder and elbow-joints; these became stiff and painful, the pain being of a dull shooting character. He again took large doses of Iodide of potassium, which for a time relieved him, but the pain would return on discontinuing the drug.

On entering the hospital the same joints were affected. He also had the characteristic shin pains, worse at night. On the forehead there was a slight reddish eruption. *Ry. Merc. sol.*³⁰.

August 7th. Rheumatism nearly gone, also the eruption.

August 11th. To-day he felt so much better that he wished to return to his work, so he was discharged, with directions to continue the *Merc. sol.* for a few weeks.

DR. DUDLEY'S PLATFORM.

EDITOR HAHNEMANNIAN: Dr. Dudley's "Open Letter" in your August issue, is the most remarkable paper against high potencies that has yet appeared. He charges the advocates of these potencies with being illogical, and, yet, he lays down six "principles" which are supremely absurd, and altogether opposed to the plainest forms of logic. Surely Dr. Potter, whom hearsay reports as astute and shrewd, will not "go on record" with Dr. Dudley upon such an insecure platform!

His first plank is, that dynamization "is not sustained or even encouraged by a single fact yet discovered in the whole range of physical science." Now, this is not true; but if it were, what is its application? Is it the fault of the doctrine, or of science? Hahnemann established the doctrine of dynamization, just as he did homœopathy itself, by *experimentation*. He cared not whether science said yea or nay. His was an inductive philosophy. Will the doctor assert that the doctrine under consideration is at all affected because physical science does not sustain it? Who made physical science, as now formulated by man, a supreme judge? And who dare claim that this science has yet grasped the full extent of the physical universe? The plank, then, is wholly inapplicable to the subject; so, Dr. Potter, don't trust it!

As to the remaining planks, did I not know Dr. Dudley so well and so favorably, I should think that they were intended as a travesty on the whole question.

If the high potencies contain neither the material presence, nor the dynamic properties of the drug, they are mere nothings, yet we may resort to them "after a lower dilution has been tried without success." And, again, as if to complete the fiasco, "No cure effected with any potency above the twelfth can claim to be homœopathic, because there is no evidence that the remedy administered contained any portion or property of the *similimum*. Such cures must, *for the present*, stand beside those occurring under the influence of clairvoyance, mesmerism, spiritualism, and other occult agencies." So, then, failing with the low, we may use the high, even though they are not material, not dynamic, not homœopathic, not the *similima*! And if they stand beside occult agencies, by parity of reasoning, if one's religion fail him, let him seek consolation in spiritualism; if the detectives fail to recover his stolen property, let him consult a clairvoyant; if *Coffea cruda* fail to cure sleeplessness,

let him use the em., and, if this fail, send for a mesmerist. Don't trust these planks either, Dr. Potter.

I, for one, welcome this "Milwaukee Test," because it will, if persistently and honestly conducted, add more evidence of the validity of Hahnemann's priceless boon, *The Dynamization of Drugs*.

Experimenting with high potencies, having ample opportunity every winter, I have proved satisfactorily that they produce symptoms severe enough to seriously incommode the prover, and even to compel him to keep his bed. I have proved the 20^m made on the *Hahnemannian plan* of 1 to 99, and I have produced symptoms in many incredulous students annually.

I look forward, then, with no other concern than a fear lest the test fail for want of support. I am eager to place its confirmations along with the invaluable papers furnished by Watzke, Eidherr, and lately by T. F. Allen, in his able criticism of Houat in the *N. A. J.*, August, 1879.

I have cured patients with high potencies, and so has Dr. Dudley. I can assure you he is vastly better as a practitioner than he is as a theorist.

Genial, candid, able as a lecturer, and instructive in the Hahnemann Club meetings, I am all the more astonished that he should permit his pen to play such wild freaks with his better judgment. And I am still more surprised that he should accuse, among others, one-half of his club of being a set of illogical fellows, who dare not rationally defend high potencies, because such an armor would be strange to them, such a weapon unknown to them.

Very truly,

E. A. FARRINGTON, M.D.

PHILADELPHIA, August, 1879.

OUR ENGLISH LETTER.

ON the 25th and 26th of last month the annual meeting of the British Homœopathic Society brought its present session to a close. There was a goodly assembly on both evenings. On the former a paper was read by Dr. Hughes on "The External Application of Homœopathic Remedies." This was followed by a discussion. The paper arose out of a discussion that has been going on of late between some of the pure

Hahnemannians and Dr. Dyce Brown relative to a remark of the latter. He stated in his lectures that, in obstinate cases of follicular pharyngitis, it was often advisable to swab out the throat with a solution of Lunar caustic. Dr. Hughes pointed out what Hahnemann's views were on this subject. He advised external applications in cases where the disease was purely local—bruises, for instance—and where the diseased structure or diseased process had become, as it were, extra vital, as in the case of fig-warts and old ulcers. In these cases Hahnemann recommended the local application of homœopathically indicated remedies. Dr. Hughes indorsed these rules in the main, and would only go beyond them with extreme caution.

In the discussion it came out that the majority of the members resorted to external applications even in cases where the disease was not purely local, and instances were brought forward showing the advantage of so doing. Some interesting statements were made on the treatment of soft chancre. Dr. Dugan stated that it would be rapidly healed by the local application of Mercury in some form; but he had noticed that, when he had adopted this treatment, the secondary symptoms were very severe, whilst in those cases where he had used internal medication only it was very rare to see secondary symptoms at all. Dr. Yeldham said that he found secondary symptoms most tractable where there had been no treatment of the primary sore of any kind. The treatment of boils by applying Oakum was greatly praised as superior to all internal medication by several speakers, and the practice of poulticing was severely condemned. After this discussion Dr. Blackley, Jr., of London, read for Dr. Blackley, Sr., of Manchester, his paper on "Progressive Pernicious Anæmia," showing that the disease is not utterly hopeless, but yields sometimes to homœopathic remedies, chiefly *Arsenic*.

On the 26th Dr. Hamilton, Vice-President, delivered the valedictory address, his subject being a sketch of the late Dr. Quin. At the conclusion of the address the Second President of the Society, Dr. Dugan—Dr. Quin having held the office till his death—took his place in the chair amidst applause, and announced the conclusion of the session.

I do not know what effect extended scientific knowledge may have in the way of improving public health on your side of the Atlantic, but it works very slowly here. It is generally supposed that the manufacture of arsenical wall-papers ceased when the danger of them became known some years ago, but that is not the case. Several cases of chronic arsenical poison-

ing have lately occurred in my practice clearly traceable to the treacherous green, and, on looking into the matter, I find it exceptional to find a house without it in one room or another. The chief symptoms I have met with are profound debility with low spirits, cough, and in one case hæmoptysis, pale, bloodless lips, and general digestive derangement. In one patient acne of the chin seemed traceable to the same cause. Women suffer the most, being more confined to the house than men and children, and being more occupied about the rooms.

For the detection of the metal I used Reinsch's test.

Yours, fraternally,

JOHN H. CLARKE, M.D.

IPSWICH, July, 1879.

NEWS FROM PULTE.

CINCINNATI, September 12th, 1879.

TO THE EDITOR OF THE HAHNEMANNIAN:

No "advertising doctor" is in any way connected with the faculty of Pulte College. Dr. S. A. Hyndman was engaged as a lecturer in chemistry. He was not a member of the faculty, attended none of its meetings, and had no vote. He is not a practicing physician, but happened to be proprietor of Turkish and Electro-thermal Baths, is an enthusiastic homœopath, a fine chemist, and is patronized by scores of the leading physicians of Cincinnati, who send him patients and take his baths. Owing to misunderstanding, but more especially malicious misrepresentations, made by parties who have used his baths *gratuitously for weeks*, Dr. Hyndman has confirmed our previous high estimate of his character by voluntarily tendering his resignation before he had delivered a single lecture. His resignation has been accepted, and a gentleman appointed to fill his place who is in every way competent, and who is in no way connected with the medical profession. The opposition to Dr. Hyndman arises from no fault or disability of his, but from pure malice, and a determination in certain quarters to pull down and ruin what it can no longer rule and disgrace.

And now, Mr. Editor, allow me a word in a more general way. Like all human institutions, medical colleges are capable of improvement. A just estimate of the faculties of these colleges would allow them, at least, to be possessed of average

honesty and intelligence; a more intimate acquaintance with them and their labors would show them to be the gratuitous bearers of burdens, unequalled by ten times their number in the profession at large, yet of which the profession everywhere reap the reward. From an intimate acquaintance with the subject of medical education, they ought occasionally to be heard, and not always subjected to ungenerous criticism. Turn to the records of the American Institute, and you will find nearly every *practical* attempt in the "elevation of medical education" to have originated with college men. There are resolutions there which are practically ignored, which would go far toward elevating this standard. You will find, Mr. Editor, that college men have taken the lead in this matter, and have not been behind in any practical endeavor for the better education of students, as witness the plan of reports for colleges presented at Put-in-Bay a year ago. You, Mr. Editor, seem to be endowed with zeal and plain English, the best of capital when judiciously employed. Institutions at the West share in the disabilities which necessarily belong to newer civilizations. A decade is often here matched against a century of culture and accumulated wealth. Yet here, as elsewhere, youth and vigor will be found matched against steady habits, and more than a match, in the pioneer work which homeopathy never demanded more than to-day.

The province of just and fair criticism certainly belongs to medical journalism, but it would be well to take these matters seriously into account, and *pound* ignorance and stupidity rather than the gratuitously overworked, who would be as sensitive to even "faint praise" as they are to undeserved censure. To be, finally, practical, suppose, at least, every member of the American Institute were compelled, by the unmistakable sentiment of that body, to see to it that every student taken into the office has a good knowledge of physics and chemistry in addition to a common-school education. What would be the result? Nothing less than to "*elevate the standard*" *fifty per cent.*, and obviate the necessity of teaching chemistry (except a small part) and physics entirely in medical colleges, where they have no more business than grammar and mathematics. To justly enlarge on the results of such a demand would fill your whole journal space. Start any *practical* reform you please, Mr. Editor, and you will find the colleges matching you in zeal and sustaining your hands.

J. D. B.

POSTURAL TREATMENT.—Colic may be promptly cured by standing the patient on his or her head. Of course this treatment will be of permanent advantage only in spasmodic or flatulent colic, and not where it is due to structural changes.

Another matter in which postural treatment has many advantages, is the hanging down of the patient's head over the edges of the operating-table, when operations are done in the mouth, face, and jaws. Certain dangers from the gravitation of blood into the air-passages are thereby avoided. Wolff does tracheotomy in this posture. So far from being dangerous during the action of Chloroform, it is supposed to offset the anæmia of brain caused by drugs.—*Exc.*

FORMIC ACID.—This acid has, it is said, been found recently to possess powerful preservative properties, surpassing, when added to acid solutions, even Carbolic acid; it is stated to be particularly suitable for adding to fruit-juices. From one-fourth to one-half per cent. is the quantity requisite to preserve vinegar, fruit-juices, glue, ink, and the like.—*Exc.*

SULPHATE OF CINCHONIDIA CAUSES URTICARIA AND PUFFINESS.—Dr. G. W. N. Kemper, of Maurice, Indiana, has often remarked the frequency with which urticaria attends the use of Cinchonidia sulphate in his practice, and among persons who habitually resort to the use of this remedy. This is accompanied in some cases with puffiness of the eyelids, face, and sometimes of the extremities, which does not appear to be dropsical, and is very transitory. Others of the preparations of Cinchonidia appear to have a similar effect, but in lesser degree.—*Exc.*

SCOPOLIA JAPONICA (*Arch. d. Pharm.*).—Dr. G. Martin says: This plant, belonging to the order of the Solanaceæ, stands between Solanum and Atropa. The root of the plant is used by Japanese physicians for the same purposes as belladonna-root elsewhere. It is also called "Japanese Belladonna," but its narcotic effects are much less marked than those of true Belladonna. It does not contain Atropin, but Solanin. The plant is further remarkable from the fact that it communicates to liquids a stronger fluorescence than any other plant known.—*Exc.*

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

WM. H. WINSLOW, PH.D., M.D.,
EDITOR.

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Philadelphia, Pa., October, 1879

No. 10.

Editorial Department.

WE suppose it is as useless to try to convince old-school men of their errors in regard to our system, as it is to draw blood from a turnip. Dr. Neidhard, the hard-headed, has had the justice of an insertion of an explanatory letter of his in the *Philadelphia Medical Times*, which letter "Fair Play" undertakes to criticise. As usual, his views are as one-sided as the handle of a jug, and he shows himself awful ignorant of the first principles of our system. For instance, he says, "the name 'homœopathy' is a marvel of absurd inaccuracy," because "the practice does not consist in giving infinitesimal doses." He assumes that we do not consider pathology when we prescribe, that we select our remedies only from the symptoms. It is useless to ask, but "Fair Play" ought to tell us, where symptoms end and pathology begins; how he knows the pathology (except post-mortem) without the subjective and objective symptoms; and which he most relies upon in his selection of remedies, the subjective and objective symptoms, or his pathological indications and hypotheses. If he uses all, very well, so do we; but we recognize that the result of disease is neither its cause nor the disease itself, and we prefer to rely upon symptomatology to the exclusion of pathology, so frequently hypothetical, rather than to follow deductions based upon doubtful premises. If we understand the drift of the old school it is to disregard nosology, to rele-

gate pathology to a humbler position, and to treat a *few* prominent symptoms of a disease by remedies known to produce contrary ones in health. Thus near they approach homœopathy, but the old pathological ideas will intrude and vitiate, and constipation must have its purgative Aloes and Colocynth, diarrhœa its astringent Chalk and Kino, and surgical fever its antiphlogistic Mercury. In spite of later teaching and the influence of our school, the force of habit is so strong that they are constantly physicking ideas.

Thanks be to God! the books of Wood, Phillips, and Ringer are opening the eyes of sensible men, and the fools will soon be beggars by the wayside. Symptomatology, trimmed of its crooked limbs and excrescences, and nourished in part by the meagre elements of pathology, will furnish shade from the fiercest rays of bigotry, and all are welcome to it.

“Look on this picture, then on that.”

Symptoms produced upon and within the healthy human body by Belladonna, taken from the *United States Dispensatory* and Stillé's *Therapeutics and Materia Medica*: Rapid pulse (130), muscular weakness, uneasiness, dry skin, face red and tumid, scarlet efflorescence of the skin, conjunctivæ injected, pupils dilated, full, tense, throbbing head, frontal headache, giddiness, delirium, dryness and stricture of fauces, difficult deglutition, great thirst, nausea, colic, diarrhœa, subsultus tendinum, convulsions, coma, and death.

Symptoms produced upon and within the human body by Scarlatina, taken from *Diseases of Children*, by Meigs and Pepper: Pulse increased (120 to 160), restless, weak, feverish, hot dry skin, face flushed, scarlatinal eruption, eyes injected, headache, vertigo, delirium, sore throat, deglutition painful, fauces swollen, tonsils enlarged, pharynx reddened and swelled, great thirst, sick stomach, vomiting, diarrhœa, jactitation, convulsions, coma, and death.

I present the identical words used by the distinguished old-school authors. “Fair Play” cannot doubt his own authorities as to the symptoms of the Belladonna and the Scarlatina poisons; and they cannot be denominated superficial nor non-essential. They are fundamental and essential, and, if either group were found in a patient, a knowledge of the history of the case would be necessary before a differential diagnosis could be made. With such evidence, “Fair Play's” desire that “any one should report a case, in which Belladonna has

produced any but the most superficial and non-essential symptoms of scarlatina," is ridiculous. All authorities in both schools, except himself, acknowledge the correspondence between the effects of the two poisons, and the young man only shows his own ignorance when he demands more proof. He should know, however, that very many cases of scarlatina are treated by our school without a dose of Belladonna, because other medicines suit the case better; a slight change in the symptoms demands the selection of another remedy.

We treat no disease by name, but by its characteristic symptoms, which must be matched by a medicine that produces the whole group when administered to a healthy person. Such is the law and its application, and it is a corollary of the law that the dose in disease must be smaller than would produce the symptoms in health. Constitutions vary in sensitiveness to drug and disease poisons, and experience can alone determine what the dose should be. It is generally far below the officinal minimum of the old school, but this does not necessarily imply infinitesimal moonshine. Experience has PROVED that the startling correspondence between drug and disease action, which flashed upon Hahnemann's mind, is an unfailing guide to the proper remedy for a disease, and that medicines so selected fail only when our knowledge of their range of action is imperfect, or fatal organic lesions have already taken place.

"Fair Play" wants us to present a case in which Opium has caused diarrhoea, Quinine the phenomena of intermittent fever, Mercury or Iodide of potassium those of constitutional syphilis, or in which Bromide of potassium has induced epileptiform seizures. These questions show that the writer believes we give the same remedies for the same diseases as do old-school physicians, which is a great error. The law of similia don't lead that way; we prescribe curatives not palliatives. The medicines enumerated are rarely used for the diseases with which they are connected, except Mercury in syphilis; I shall however allude to the action of a few of them.

There are twenty homœopathic remedies of more effect upon intermittents than Quinine. Tincture of the bark is more valuable than the alkaloid. The old school, having separated half a dozen or more alkaloids from the bark by analysis and tried them separately, now prefer their synthetical powers in Cincho-quinine. It was the bark with which Hahnemann experimented; he published his results to the scientific world, and they were confirmed by the eminent French physicians,

Bretonneau, Pidoux, and Trousseau. They say: "If strong doses of Cinchona are given each day, there manifests itself a species of fever which affects an intermittent type. This fever is a species of vicious circle, in which very often inexperienced physicians turn who are ignorant of the value of Cinchona; they redouble the doses of the medicine and throw the patient into a state which may be very serious."

The symptoms produced by Iodide of potas. and Mercury correspond in a striking manner with those of syphilis, and the critic can find this out by reference to Stillé's work. On page 691, Stillé gives the names of many distinguished men who cured syphilis without Mercury, and he refers to provings of Mercury upon man and other animals, in which the symptoms and lesions were almost identical with those of syphilis. He comments thus: "These facts are not indeed adverse to the administration of Mercury in syphilis, but an argument rather in its favor, as a mode of treatment for the secondary and tertiary symptoms." A New York writer alluding to this decided indorsement of the homœopathic law said: "Professor Stillé is treading on very dangerous ground." All this evidence from old-school authorities I think ought to convince Fair Play that homœopaths could produce "an ample array of cases fully attested," especially when they would have the privilege of using their own superior physiological provings, to which I have purposely avoided any allusion till now, in order to show Mr. Critic how very ignorant he is of his own.

There are lots of statistics, in every community, of the superiority of the homœopathic over old-school treatment, and I will not adduce the recent vantage gained in the yellow fever epidemic. I have answered the challenges printed as a rejoinder to Dr. Neidhard's letter, but I do not expect Fair Play to "award homœopathy any scientific status." It is impossible for a man to be a righteous judge who is so ignorant of law; and we shall not try to teach him what homœopathy is, until he proves that he possesses an elementary knowledge of his own system.

He assumes that we wish to break down the barriers between the two schools by evidence derived from newspapers, and the Don Quixotic acts of a score of medical politicians. How little he dreams of the vigor and enthusiasm of the homœopathic school, including a vast number of thoroughly educated men, ready to battle for truth to the death. We do not ask consideration from the old school; we know now that we have only to expect *foul play* under specious pretensions. We have

the consideration of the cultured and refined throughout the land, and public opinion in our free country will soon force our opponents to sue for peace. We are no longer on trial; a jury of civilization has decided in our favor, and the old-school plaintiff must now take the prisoner's box and plaintively plead. There stands our law, *similia similibus curantur*. When the old school acknowledges its far-reaching significance, its grandeur, its truth for all internal medication, the barrier will fall by *their* efforts, and NEVER otherwise.

IMPORTANT NOTICE.—Articles for publication must be in the editor's hands the *first week* of the month previous to that of issue.

THE Cleveland College, alluded to in an editorial in our September number, has long been defunct, and had no connection with the Homœopathic Hospital College, which we all know to be officered by educated, honorable men, who, by wise foresight and thorough work, have now one of the finest homœopathic hospitals in the country, and a medical school of the highest rank.

THE Pulte men have done the honest thing by accepting the resignation of the objectionable lecturer alluded to last month. Their explanation of his relations to the Electro-thermal establishment, and of the "malice" which actuated the movement against him, is dust cast in the eyes of the profession. When the proprietor of a sanitary establishment, a medical doctor, distributes a quarto newspaper in a community, in which he relates his wonderful cures in the aforesaid establishment, and claims that his electricity and his baths will cure paralysis and other nervous diseases, deafness, rheumatism, hay fever, asthma, nasal catarrh, and lung diseases, most unprejudiced persons would judge him to be "a practising physician" of a rather objectionable kind.

Our "malice" arose from reading this sensational quackish sheet, and the knowledge that one of our good colleges had dared to employ him as an associate. If physicians use him and his baths, it is their lookout; but when it is attempted to introduce him to the profession, through one of our institutions, as ethical, pure and holy, we revolt.

The whole profession will rejoice at Pulte's escape from contamination, and the lesson not be lost. We sympathize with teachers everywhere, and want to see them walk the straight and narrow way.

Book Department.

We Dissert Books, not Authors.

A GUIDE TO HOMŒOPATHIC PRACTICE, DESIGNED FOR THE USE OF FAMILIES AND PRIVATE INDIVIDUALS. By I. D. JOHNSON, M.D., etc., Kennet Square, Pa. A 16mo., on fine white paper, pp. 494, including Index, cloth. Price \$2. Published by Boericke & Tafel, New York and Philadelphia, 1880.

A portly and pretty book, in fine brown cover, with ornamental bands and gilded title, comes from the busy publishers, written by a hard-working, industrious, thoughtful physician, whom all bless for his Therapeutic Key.

The arrangement of subject-matter is admirable, the type is clear cut and sizable, titles and headings of different subjects are in bold-faced type, and the printed pages please and rest the eye.

The author has neither condensed to husks nor been prolix, but has struck the golden mean, and given comfortable little descriptions of diseases, moderate lists of the most approved remedies for the conditions, with sharp distinguishing symptoms that every one recognizes as pathogenetic and important.

Brief articles upon the "Law of Cure," "Method of Using the Work," "Administration of the Medicines and Repetition of the Doses," "Directions for Preserving the Purity of Homœopathic Medicines," "Articles of Diet Allowed during Homœopathic Treatment," "Articles of Diet Forbidden, etc.," "List of Medicines Prescribed in this Work," "Diagnostic Symptoms," and "Observations on Bathing and Ventilation," precede the treatment and description of the systematic diseases, and form a condensed presentation of the principles of our school.

We might object to some few errors in the description of diseases of the eye and ear, and find fault with the placing of grave diseases, for which a physician should always be summoned, in a family guide; but all domestic books of this character are amenable to the same criticism, so we pass lightly over the faults on account of the other good qualities.

There are few technical terms to bother the unprofessional

reader, and any one of common-sense can follow directions and treat ordinary cases of disease successfully.

The book is equal to any four-dollar one, and yet the price is only two dollars. We prophesy a large and rapid sale.—ED.

THE ADVANTAGES AND ACCIDENTS OF ARTIFICIAL ANÆSTHESIA. BY LAWRENCE TURNBULL, M.D., PH.G., Philadelphia, Pa. A 16mo., cloth, pp. 322. Published by Lindsay & Blakiston, Philadelphia, Pa., 1879.

This is the work of a distinguished physician and a man of more than ordinary literary culture, and the fruits of observation, experiment, and experience, during a busy practice in public institutions and private families, are here presented lavishly. This is a second edition, much improved, following so closely upon the exhaustion of the large first edition, that no greater evidence of public appreciation of the work is needed.

If there is any one branch of medicine about which physicians are too timid, too bold, and often careless, it is anæsthesia. Some physicians are absolutely in a tremble of apprehension when they administer an anæsthetic; others are so rash and careless as to place their patients in great peril; few understand the principles to be observed in the production of insensibility by ethereal bodies sufficiently well to enable them to remain calm, collected, and master of the situation. All this arises from inexact knowledge, and it is the object of Dr. Turnbull's book to present all that is known upon the subject of artificial anæsthesia, and to lay down principles, so that every practitioner may anæsthetize a patient *cito, tuto et jucunde*.

How well the author has done his work, we hope all will learn by buying and reading the book, for no more valuable one has issued from the medical press this year.—ED.

PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES. BY GEORGE H. FOX, A.M., M.D., Clinical Professor of Dermatology in Starling Medical College, Columbus, Ohio; Surgeon to the New York Dispensary, Department of Skin and Venereal Diseases; Fellow of the American Academy of Medicine, etc. Published in twelve monthly parts by C. B. Treat, 805 Broadway, New York.

This work is by a leading specialist in dermatology, largely engaged in teaching and practice in public institutions, and

eminently capable of giving us lifelike representations of the various diseases of the skin.

The twelve parts will each consist of four plates, printed from original photographic negatives, on the finest quality of heavy cardboard, ten by twelve inches in size, and carefully colored by the hand of an artist physician, who was formerly a student under Hebra at Vienna.

Typical cases have been selected from the clinics of Brooklyn and New York city, and from several thousand negatives in possession of Charity and Bellevue Hospitals, and they possess the sharpness of detail and brilliancy of photographs with the vivid coloring and soft shading of afflicted nature.

Each disease will be described in two pages of carefully condensed text, and this, taken in connection with the pictures, will make dermatology an easy and delightful study.

The series will be completed within one year, and will be sold only by subscription and by canvassing agents. The price of each part will be two dollars, and they will be sent free of postage.

From a careful examination of the plates already issued, representing acne, comedo, elephantiasis, lepra, psoriasis, ichthyosis, rosacea, and keloid, we do not hesitate to give them our hearty approval. They are true to nature, and students and practitioners will find them of great value in diagnosis and treatment. We shall look for subsequent numbers with eagerness and give them a critical examination.—Ed.

CLINICAL THERAPEUTICS. By T. S. HOYNE, A.M., M.D.,
Professor of Materia Medica in Hahnemann Medical College of Chicago. Paper, pp. 127, part vii.

We are told that with the Athenians their sense of energy abhorred every kind of waste, their sense of measure abhorred bombast and redundancy, and their clear intelligence everything partaking of obscurity and vagueness. In our western Athens we have a Hellenist whose sense of energy has again culled from book and brain this work of 127 pages. Of its merits it is unnecessary to speak, and to mention any faults would be difficult. The present number, or vol. ii, part vii, contains the conclusion of Graphites, Moschus, Opium, Petroleum, Thuja, Zinc, Baryta carb., Cantharis, Cuprum, Ferrum, Hyoscyamus, and part of Lachesis. To know any one of the remedies as presented in this number will pay you back your

subscription price from the next patient who comes into your office.—T. M. S.

COMPTES RENDUS DU CONGRÈS INTERNATIONAL D' HOMŒOPATHIE. Paris, 1878.

We have in a previous number of this journal given an abstract of the proceedings of this Congress. We have here a complete report, containing the papers in full, together with their discussions. Each day of the Congress was devoted to a special subject, viz.: The Law of Similitude; Clinical Medicine; Reports of Societies, etc. Papers were read by Drs. Frestier, Jousset, Pitet, Meyhoffer, Teste, Simon, and others, of France, and by Dr. Cigliano, of Naples. The papers show careful preparation, and when taken together form a collection of medical essays interesting in character and practical in value.—T. M. S.

THE NURSE, OR HINTS ON THE CARE OF THE SICK. By C. T. HARRIS, A.M., M.D., Chicago, Ill. A 24mo., cloth, pp., 120. Published by Duncan Bros., Chicago, Ill., 1879.

This brochure embodies a great deal of common-sense in regard to the care of the sick; has an excellent chapter upon Pregnancy, its troubles and accidents; and others upon "Poisons and their Antidotes," "Materia Medica," "Dietary Rules," and "Food for the Sick." It is for the instruction of mothers and nurses rather than physicians, but the latter may find it profitable reading, and we commend it to the attention of all.—ED.

A CLINICAL ASSISTANT. By R. W. NELSON, M.D., M.R.C.S.L., Chicago, Ill. A pocketbook with one pocket and lap, 32 mo., pp., 134. Published by Duncan Bros., Chicago, Ill., 1879.

This is a collection of proved keynotes verified by the author, and is intended to be used to refresh the memory and to point the way in many conditions and emergencies. It would have been better not to have appended the potencies, especially Lac. can. 100,000 in uterine hæmorrhage. This little book may prove useful to those beginning practice.—ED.

DISEASES OF THE INTESTINES AND PERITONEUM. By ENGLISH AUTHORS, pp. 240, cloth. DISEASES OF THE NERVOUS SYSTEM. By PROFESSOR M. ROSENTHAL, Vienna, A.; translated by L. Putzel, M.D., New York city, pp. 278, cloth. MATERIA MEDICA AND THERAPEUTICS; VEGETABLE KINGDOM. By C. D. F. PHILLIPS, M.D., F.R.C.S.E., Lecturer on Materia Medica, Westminster Hospital, London. Edited and adapted to the U. S. Pharmacopœia, by H. G. Piffard, A.M., M.D., New York city, pp. 324, cloth. All published in the "Library of Standard Medical Authors," by subscription, to the twelve volumes as before mentioned, by William Wood & Co., New York city, 1879.

The first of these is the joint-labor of six of England's distinguished physicians, and each writes upon the subject of which he has made a special study. It must be highly appreciated and accepted as authority everywhere. The second work contains the lectures of the Professor of Nervous Diseases in the University of Vienna, and of course, must be looked upon as the opinions of a master. Professor Charcot, of Paris, gives the preface, and Dr. Putzel has made the translation into smooth and forcible English. It is a valuable addition to our libraries. The third volume will be recognized as the work of one who was for many years a homœopath, but who suddenly became convicted of error, and converted to his former Galenical beliefs, from which he had strayed in early manhood. The wonder is that it took him so many years to find out what he really believed. The book contains a great deal of matter that has been cribbed from homœopathic sources without any acknowledgment, and the reader will notice here the policy of the old school, to incorporate all of our therapeutic forces gradually, so as not to shock their disciples or the public, or to give our school any credit whatever. Such half believers as Phillips and Piffard are acting as skilful manipulators of literature, *obsides* in enemies' camps to bring about a better feeling between the schools. This volume includes only medicines from the vegetable kingdom, and we suppose we shall hear about minerals, etc., later. As a *Materia Medica* for the "modern school," and one from which to glean the physical properties and coarser physiological action of drugs, this is valuable.—ED.

LONG LIFE AND HOW TO REACH IT. By JOSEPH G. RICHARDSON, M.D., Philadelphia. 32mo., pp. 160, cloth. Published by Lindsay & Blakiston, Philadelphia, Pa., 1879. Price 50 cents.

Another one of the "American Health Primers," written by one who makes hygiene the study of his life. There is nothing sectarian about this series, and this book in particular ought to be in every household, for rules for prolonging life and keeping us in good health, presented in such pleasant English, deserve hearty indorsement and wide circulation.—ED.

HOMŒOPATHIC THERAPEUTICS. BY S. LILIENTHAL, M.D., Editor of the North American Journal of Homœopathy, Professor of Clinical Medicine in the New York Homœopathic Medical College, and Professor of Theory and Practice in the New York College and Hospital for Women. 16mo., pp. 836, cloth. Second edition, revised and enlarged. Published by Boericke & Tafel, New York and Philadelphia, 1879.

The holocaust of our publishers last May was particularly disastrous, because new books, not old rubbish, fed the devouring element. No one was glad at the time, but it seems that Samuel Lilienthal has been since, because his book, with lots of errors we have not seen, was destroyed, and thus "the man who edits the best journal we have (except), nearly edits half a dozen others, lectures in two flourishing colleges, serves on the staff of our biggest homœopathic hospital, and practices medicine, and a good deal of it," had something to do—was prevented from idleness—and was happy getting out a new edition.

The work before us is a great improvement upon the old; it contains much new matter, and has been increased 126 pages over the first edition. All the errors of omission and commission have been corrected, and the different subjects brought fully up to date. Those who have the first edition possess a treasure, but those who are fortunate enough to have the new volume are doubly blessed. The sale has been unprecedented and still goes on.—ED.

Gleanings.

SEDUM ACRE (*Comptes Rendus du Congrès, Paris*).—Dr. Ladelci has used this drug in powder form in cases of epilepsy. Of three cases in which it was given two were cured, and in the other the attacks became much less in frequency. In a fourth case the result was unfavorable on account of the drinking habits of the patient.

Dr. Ladelci swallowed almost daily several drops of the secretion of the plant while in flower (total amount taken not stated). He experienced a sharp, burning sensation in the mouth, and especially in the throat; contraction of the velum palati. These symptoms, which occurred immediately, were diminished by drinking mouthfuls of cold water. Repeating the experiment upon the following days, the contractions of the throat appeared to extend to the œsophagus, provoking nausea and slight vomiting. Later an acute pain at the occiput, which seemed to pierce vertically the cerebral mass, and extended even to the base of the brain, so that there was a sensation as though a nail was driven through the head into the throat. There was also depression of spirits, and a sensation as though vertigo was coming on. With the contraction of the throat was united that of the masseter muscle, so that an effort was required to open the mouth. The muscular contractions manifested themselves in the arms and hands, as much in the nerves as in the muscles, so that they were seized with a light trembling, and in writing the jerkings of the fingers were so marked as to cause the pen to fall from the hand. But the symptom which led him to suspend the proving was the sudden contraction of the heart as if seized with a cramp, which was especially renewed on walking, coming on every twenty to twenty-five steps. Dr. Ladelci thought that from its marked action on the nervous centres, from so small a quantity of the drug, an increase of the dose might produce all the symptoms of epilepsy, and would explain the apparent cures quoted above.—T. M. S.

GUACO (*Bul. de la Soc. Méd.*, July, 1879).—This drug is used by Dr. Cretin and others as an antidote to the bites of mosquitoes and other insects. They will not attack any one upon whose skin the drug has been applied. It has also been used upon horses with good results. It has been used internally and externally, in the latter use a few drops of the tincture dissolved in water. The South American Indians use it as an antidote for bites of serpents, scorpions, and even for hydrophobia. Dr. Hellert has seen children rub the leaves of the guaco on their hands, and then play with scorpions, centipedes, and other poisonous creatures with impunity.—T. M. S.

DUBOISIA AS A MYDRIATIC.—The local effects of *Duboisia myoporoides*, when applied to the eye, are similar to those of atropia; but they are more promptly produced and disappear more rapidly. Its greater tendency to produce constitutional disturbance, however, should cause it to be carefully used. Nearly every patient into whose eyes a four-grain solution had been dropped complained of dizziness within a short time after its instillation, usually noted after rising from their chair. They do not, however, complain so much

of dry throat as those treated by atropia. Where persistent use of atropia has failed to tear loose posterior synechiæ but little effect has followed the employment of Duboisia. On the other hand, it gave much satisfaction in two cases where atropia called forth marked conjunctivitis. One was a severe iritis, the other a case of cataract, where, owing to capsulitis following extraction, it was desirable to maintain dilatation of the pupil.—*Ecc.*

A NEW INDUSTRY.—The “awful examples” of the effects of drunkenness held up to abhorrence by temperance advocates have heretofore usually been living. More recently it appears that the aid of pathology has been sought to enforce habits of sobriety. The following note has been sent to the editor of the *Lancet* by a correspondent:

“*Sir*,—My attention has just been drawn to the inclosed advertisement in a paper called the *Bazaar, Exchange, and Mart*, of this day’s date:

“First-class slide of drunkard’s liver, also of healthy liver, for comparison, with explanatory remarks. Post free, 3s. 2d.”

“The correspondent is shocked by this public barter of human viscera, but we should like to see the custom extended. We have seen specimens of ‘sclerosis of cheek’ on the part of patients trying to dodge the payment of bills, which, properly mounted, could be made most effective as warnings to young and inexperienced doctors inclined to trustfulness.”—*Ecc.*

DR. CHAUVEAU has found, by experiments, that medullated motor nerves of striated muscles transmit nerve force just eight times faster than the same kind of nerves going to unstriated (involuntary) muscles.—*Ecc.*

FILTRATION OF WATER.—Dr. Nolter, of Netley Army School (medical), after much experimenting, has arrived at the following conclusions in regard to the filtration of water:

1. Filtration through sand is simply mechanical for the most part, and not to be depended upon as a purifier.

2. Water may be purified by animal charcoal to a large extent; that its action is extremely rapid on decomposing organic matter; that fresh organic matter passes through unchanged; and that water should on no account be stored after filtration, as this matter subsequently decomposes, giving rise to low organisms. It is advisable not to leave the water in contact with animal charcoal for a lengthened period, as it again takes up impurities from the medium.

3. That spongy iron is undoubtedly the best filtering material. Its action is not so rapid as charcoal, but there is no danger in prolonging the contact with the water. As far as my experiments go it is the only safe filtering medium we have at present. It appears to act on all organic matter, whether fresh or decomposed, whereas charcoal acts more as a dialyzer when colloidal substances are fresh and in a state of extreme dilution, and are certain to decompose after filtration.

One feature of filtering through charcoal must not be lost sight of,—that charcoal becomes exhausted of its oxygen, and that foul gases held in solution by the water may replace it. Its action is limited, and it requires constant attention.—*Ecc.*

A DOCTOR, walking home with a lady, gave her a troche to ease an annoying, tickling cough, and was annoyed to find it gave no relief. The next day the lady sent him a trousers button with a note saying he might need this troche himself.—*Exc.*

INSTRUCTIONS FOR DISINFECTION PREPARED FOR THE NATIONAL BOARD OF HEALTH, 1879.—Disinfection is the destruction of the poisons of infectious and contagious diseases.

Deodorizers, or substances which destroy smells, are not necessarily disinfectant, and disinfectants do not necessarily have an odor.

Disinfection cannot compensate for want of cleanliness nor of ventilation.

I. *Disinfectants to be Employed.*

1. Roll-sulphur (brimstone) for fumigation.
2. Sulphate of iron (copperas) dissolved in water in the proportion of one and a half pounds to the gallon ; for soil, sewers, etc.
3. Sulphate of zinc and common salt, dissolved together in water in the proportion of four ounces Sulphate and two ounces salt to the gallon ; for clothing, bed-linen, etc.

NOTE.—Carbolic acid is not included in the above list for the following reasons : It is very difficult to determine the quality of the commercial article, and the purchaser can never be certain of securing it of proper strength ; it is expensive when of good quality, and experience has shown that it must be employed in comparatively large quantities to be of any use ; it is liable by its strong odor to give a false sense of security.

II. *How to Use Disinfectants.*

1. *In the Sick-room.*—The most available agents are fresh air and cleanliness. The clothing, towels, bed-linen, etc., should, on removal from the patient, and, before they are taken from the room, be placed in a pail or tub of the zinc solution, boiling-hot, if possible.

All discharges should either be received in vessels containing copperas solution, or, when this is impracticable, should be immediately covered with copperas solution. All vessels used about the patient should be cleansed with the same solution.

Unnecessary furniture—especially that which is stuffed—carpets and hangings, should, when possible, be removed from the room at the outset ; otherwise, they should remain for subsequent fumigation and treatment.

2. *Fumigation* with sulphur is the only practicable method for disinfecting the house. For this purpose the rooms to be disinfected must be vacated. Heavy clothing, blankets, bedding, and other articles which cannot be treated with zinc solution, should be opened and exposed during fumigation, as directed below. Close the rooms as tightly as possible, place the sulphur in iron pans supported upon bricks placed in wash-tubs containing a little water, set it on fire by hot coals or with the aid of a spoonful of alcohol, and allow the room to remain closed for twenty-four hours. For a room about ten feet square, at least two pounds of sulphur should be used ; for larger rooms, proportionally increased quantities.

3. *Premises.*—Cellars, yards, stables, gutters, privies, cesspools, water-closets, drains, sewers, etc., should be frequently and lib-

erally treated with copperas solution. The copperas solution is easily prepared by hanging a basket containing about sixty pounds of copperas in a barrel of water.

4. *Body and Bed Clothing, etc.*—It is best to burn all articles which have been in contact with persons sick with contagious or infectious diseases. Articles too valuable to be destroyed should be treated as follows:

(a.) Cotton, linen, flannel, blankets, etc., should be treated with the boiling-hot zinc solution; introduce piece by piece; secure thorough wetting, and boil for at least half an hour.

(b.) Heavy woollen clothing, silks, furs, stuffed bed-covers, beds, and other articles which cannot be treated with the zinc solution, should be hung in the room during fumigation, their surfaces thoroughly exposed, and pockets turned inside out. Afterward they should be hung in the open air, beaten, and shaken. Pillows, beds, stuffed mattresses, upholstered furniture, etc., should be cut open, the contents spread out and thoroughly fumigated. Carpets are best fumigated on the floor, but should afterward be removed to the open air and thoroughly beaten.

5. *Corpses* should be thoroughly washed with a zinc solution of double strength; should then be wrapped in a sheet wet with the zinc solution, and buried at once. Metallic, metal-lined, or air-tight coffins should be used when possible, certainly when the body is to be transported for any considerable distance.—*N. B. H. Bulletin.*

UNIVERSITY OF MICHIGAN. HOMŒOPATHIC MEDICAL COLLEGE.—The Homœopathic Hospital and Amphitheatre, for the erection of which the legislature of the State at its last session appropriated the funds, are in process of completion, and are expected to be ready for occupancy by the 15th of September. The amphitheatre will hold 250 students, and is arranged with all modern conveniences, a railway being laid for carrying patients back and forth for operative and clinical purposes. The hospital has been erected with the view of harmonizing with the Allopathic Hospital, already built, and altogether will present the appearance of a little villa with its picturesque and Gothic one-story cottages. This is a great improvement on the dark, gloomy, many-storied buildings formerly devised and planned for hospital purposes. The Board of Regents and legislature are determined that the homœopathic practice shall enjoy equal privileges with that of its rival in the University, and no favoritism will be granted to the one that is not accorded to the other. The population of the State of Michigan is made up mostly of Eastern people, who carry with them to their adopted home the institutions and advanced ideas of their mother States, and we can see the thrift and prosperity that follow in the wake of superior education and intelligence. To these advanced ideas are the people indebted for the progress and growth of homœopathy and the many blessings that follow in its train; altogether, homœopathy in Michigan is advancing beyond that of any other State in the West, and the University will be the Mecca of homœopathic education to all in the Great Valley of the Mississippi who prefer reality to sham. The Board of Regents have enacted that on and after 1880, the course of education shall be three full terms of *nine months each*, and no student will be permitted to present himself as a candidate for graduation who has not faithfully complied with all the prerequi-

sites. This is an advance in the right direction, and we think the profession will approve and indorse the steps taken to properly and scientifically educate those who are to become our successors in the practice and advocacy of homœopathic medicine. The threats to strangle this young and vigorous school upon the campus, by the *bigots* of the old school, have proved what bad prophets some of these irregulars are. It were better they read the signs of the times aright, like Ringer, Phillips, and a host of others, who already see the dawning of a better and a more scientific medical faith, that shall eclipse the empiricism and traditionalism of the old school. The class promises to be larger the present year than at any previous time since the organization of the College.

NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.—The session opens the first Tuesday in October, and the keynote of therapeutic teaching is *Similia similibus curantur*. This has the right ring to it and rebukes the "modern school." The three terms of study, by graded course, are now established by the faculty, and each class pursues its own designated course. We are sorry not to see Marsden's practical work and Attfield's *Chemistry* added to the list of textbooks. Clinical facilities are excellent and a large class expected.

HOMŒOPATHIC HOSPITAL COLLEGE, CLEVELAND, O.—The term begins Wednesday, September 24th, with a surgical clinic by Professor N. Schneider. The college dispensaries and the new and elegant Homœopathic Hospital afford excellent clinical fields. Every applicant must bring testimonials from literary schools, or pass an examination in English studies. Why not in Latin also? The graded course is advocated but not obligatory. Two terms, as usual, are required for graduation. Students will be divided into classes and walk the wards of the new hospital daily, accompanied by a professor. The faculty have wisely placed Attfield's *Chemistry* at the head of the list and deserve praise for this adoption. In list of textbooks, after microscopy, we find J. Edwards Smith. We object to this micrographical dictionary being placed on the shelf, or knocked about by students. If an 's had been put on to the name we should then know that the faculty meant to recommend Professor Smith's forthcoming textbook on the microscope. Cleveland promises well for the cause of homœopathy.

STATE UNIVERSITY OF IOWA, HOMŒOPATHIC MEDICAL DEPARTMENT.—The faculty of this department have secured as a hospital the building known as the Convent of Saint Francis. It is almost new, is substantially constructed of brick, located pleasantly on high ground, and is most admirably adapted for hospital purposes. Its fitting and arrangements are now being completed, and when finished it will be one of the finest hospitals in the West. It will contain, besides the accommodations for patients, an operating amphitheatre where medical and surgical clinics will be held. The hospital will open on or before October 1st for the reception of patients of all classes of disease, excepting contagious diseases.

The management of the hospital will be entirely in the hands of the faculty of this department. The Department of Diseases of Women and Children, including a Lying-in Department, will be under the personal charge of Professor Cowperthwaite.

The Medical Department, open to both acute and chronic diseases, will be in charge of Professor Dickinson.

The Surgical Department, including diseases of the eye and ear, will be under the direction of Professor Rockey.

The establishment of a homœopathic hospital in Iowa, in connection with an educational institution, is certainly an important event, and will doubtless commend itself at once to the sympathies and co-operation of the homœopathic profession. To this end the faculty desire to call the attention of the physicians of Iowa and contiguous territory to the facilities here offered for the treatment of all classes of disease, and to the following liberal terms at which patients will be received:

Board and treatment in general wards \$6 per week. Board and treatment in private rooms will be charged at more advanced rates, according to the nature of the case and the attention required. Persons of limited means may be admitted at a reduction from these rates upon the recommendation of their physician. A dispensary, at which out-patients may receive free examination, advice, and treatment, will be conducted in connection with the hospital. Any further particulars may be obtained by addressing the superintendent.

The curator again desires to call the attention of physicians to the museum of this department, and to solicit any specimens they may have at their disposal. Express charges will be paid, and the donor duly accredited with any specimens that may be sent to the address of this department.

The opening lecture for the course of 1879-80 will be delivered on Wednesday, October 1st, at 11 A.M., by Professor W. H. Dickinson.

THE HAHNEMANN MEDICAL COLLEGE OF CHICAGO.—The lecture-room, amphitheatre, and hospital have been greatly enlarged to meet pressing wants; a department of practical histology has been added, and a large number of specimens will be represented upon a screen by lantern illumination. Professors Vilas and Wheeler have furnished their departments with real Parisian apparatus, and students may enjoy the brilliant demonstrations without extra charge. "In compliance with the recently enacted regulations of the Board of Health of this State (Ills.), this institution will insist upon *two full courses of lectures*, and not graduate students upon one-half or one-third of a course, or any other subterfuge invented as an evasion of this rule now in force."

PULTE MEDICAL COLLEGE, Cincinnati, O., admits women to the medical course upon the same terms as men. Professor Hunt, whose name was omitted from the catalogue, will resume his lectures the coming term. There has been a good deal of refitting and furnishing about the institution, and prospects are good for a large class.

BOSTON UNIVERSITY SCHOOL OF MEDICINE.—No changes this year worthy of notice. The school has our hearty approval in its requirements: a degree of A.B., or a preliminary examination including Latin; eight months' courses, graded classes, and three full courses for graduation.

THE CHICAGO HOMŒOPATHIC COLLEGE has enlarged the college building considerably, gutted the old part, rearranged the rooms on an entirely new plan, and refitted the whole for the coming winter session. By the change they secure more commodious quarters, and place the dispensary and its hospital in such a position that, while entirely exclusive from the college proper, access to them is direct and immediate. All is under one roof. They secure a larger chemical laboratory, which is a live department, and also have added a microscope room. Several fine instruments will be put in, immediately on the completion of the building, and practical work will be carried on steadily. These two departments are in charge of very competent, enthusiastic men, and original work may be looked for. The Board of Health has decided—and its right to decide is admitted by all—that *two* courses of lectures are necessary before a student is admitted to graduation. To demand more than the State demands as obligatory is regarded by some as superfluous zeal, and the action of the Board has done much to retard the introduction of the *three-year* graded system. It would not be possible in Illinois to do as is done in New York, that is, allow a student who can pass a creditable examination on the studies of the first and second year to enter upon those of the third year and be graduated. It is well, too, that it is impossible, for while it would do great good to a few, it would be used to the advantage of many who are seeking diplomas only at the smallest cost and in the least possible time. For instance, the applicant would be examined on his admission, pay his fees for the pending session, "*attend lectures at his own risk*," then come up for his final examination,—another farce it may be,—and be graduated *legally* without attending a lecture. The New York State requirements say nothing about lecture terms. Students are strongly urged to take the three-years' course, and the fees are lowered to induce them to do so. From this time the school will be conducted on the *ACTUAL* graded system; at present two years' study are allowed, but, finally, it is hoped the State will sustain them in making three years compulsory. Hereafter two entirely different sets of lectures will be delivered for the junior and senior students, embracing two years; this is *actual grading*, one course leading to the other. We are glad to see such great improvements originating in the West.

THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—During the summer vacation, active preparations have been going on for the thirty-second annual course in this institution, which opens on Monday, September 29th. For the better accommodation of the unusually large class anticipated, the amphitheatre has been remodelled, new and comfortable seats introduced, the skylight enlarged, giving an abundance of light, and the whole building thoroughly renovated. The museum has been enriched by the addition of a valuable series of pathological models by Dr. Nardyz, of Paris.

The preliminary course will commence on Monday, September 22d, and the introductory to the regular course will be given by Prof. Charles M. Thomas at 8 o'clock P.M. on Monday the 29th.

A new hospital is on the tapis, and medical prospects in the Quaker City are brilliant.

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.—This institution reports nothing of interest. The faculty favor a three years' graded course, but do not make it obligatory. Dissecting material is provided by law, and the facilities for practical anatomy are ample. It is thought diseases peculiar to the great Mississippi Valley can be better taught and illustrated here than elsewhere. The twenty-first annual course of lectures begins Wednesday, October 8th.

WE regret to announce the decease of Mrs. Rebecca Verdi, wife of Dr. T. S. Verdi, of Washington, D. C. She died suddenly of heart disease at her home on September 8th. She was the daughter of W. H. Denny, Esq., of Pittsburgh, Pa., and grandniece of the Hon. William Wilkins, formerly Minister to Russia.

Mrs. Verdi was a lady of much culture and refinement, and was noted for her brilliant intellect. She was aged about forty-five years, and leaves very many to mourn her early loss. We tender our sympathies.

THE LONDON SCHOOL OF HOMŒOPATHY is doing a noble work for homœopathy, and might do much better if they would throw Drysdale and a few other soreheads into the North Sea.

A REPORT of the late annual meeting of the Homœopathic Medical Society of the State of Pennsylvania will appear in our November number. In interesting papers and discussions it was a success; in point of numbers a failure.

DROP! drop! drop! on thy handkerchief, O nose!
For none without hay fever can understand my woes.

DR. ALFRED C. POPE arrived home safely, and is spending the autumn at Brighton.

ERRATUM.—September number, page 552, for "pyæmia set in after bathing," read "pyæmia occurred from an accident to the foot while bathing."

Drs. Samuel Potter and H. M. Paine say their names were used as curators in Modern School without their consent.

QUOTATIONS FROM THE TALMUD ON MEDICAL MATTERS.—Mr. Magnus, Sen., of Berlin, publishes in the *Deutsch. Archiv f. d. Geschichte d. Medicin* (1879, p. 260) the following passages from the Talmud:

At the head of all diseases am I, the blood; at the head of all remedies am I, the wine.

Eat hearty; you will feel its effects when walking.

A drop of cold water mornings (in the eye), and washing the hands and feet in the evening, are better than all eye-salves.

Before a distant physician may arrive, the eye may become blind.

Badly off is the town whose physician has the gout, and whose oculist only has one eye.

Honor the physician before you need his services.

A physician who makes gratuitous cures is of no account.

The door which is closed to prayers for alms opens for the physician.

THE MEDICAL ADVANCE, Cincinnati, for September, contains the entire proceedings of the Ohio Homœopathic Medical Society for 1879. 140 pages. Sent to any address on receipt of twenty-five cents.

WE regret to announce that Dr. O. S. Runnells, of Indianapolis, Ind., has lost his little boy, Eddie, from malignant diphtheria.

DR. A. M. CUSHING, of Lynn, Mass., has an excellent article in *The Lynn Transcript* against the excessive bathing of children. He closes in this decided way :

"Mothers, do not do it! Use common-sense and save your children if you can, even if your house is filled with advice devoid of common-sense. Look around you and see who are the healthy children. Is it those children who are rarely permitted out of sight of the bath-tub? or is it those who are kept respectably clean, but are allowed to play in the pure air and sunlight, and sometimes in the dirt? We do not intend to advocate filth, but we do prefer a robust, healthy child, if sometimes a little dusty, to a clean corpse, or one who is a standing candidate for that position."

A WESTERN HOMŒOPATHIC (?) PHARMACY advertises "Fever and Ague Pills and Drops" of its own secret manufacture; "German Universal Healing Salve;" "Vienna Cholera and Diarrhœa Drops;" a mixture of "Anodyne Camphor and Secale Cereale;" "Eye Salve," and "The Rational Tapeworm Remedy, composed of Oleum Filix Mas, Kameela, and Gum Acacia." This establishment rivals the "modern school" in the purity of its homœopathicity. Think of a Fincke cm. fluxion potency on the same shelf with the ague drops or the anodyne camphor and secale cereale mixture!

CONDENSED MILK as an infantile diet, and a few shares of stock in adolescence, are certain to develop a *pure* Hahnemanniac.

TO PUPILS IN ELOCUTION.—These lines are by Mr. Charles A. Prince, of Boston :

"The human lungs reverberate sometimes with great velocity;
When windy individuals indulge in such verbosity,
They have to twirl the glottis sixty thousand times a minute,
And push and punch the diaphragm as though the deuce were in it.

CHORUS: The pharynx now goes up,
The larynx, with a slam,
Ejects a note
From out the throat,
Pushed by the diaphragm."

DR. GEORGE M. STERNBERG writes from Havana :

"I find that the air of our laboratory is loaded by minute spherical organisms, and contains bacteria not distinguishable from bacterium termo. I have made some experiments for testing apparatus designed for the purpose of keeping putrile fluids germ-proof, using for my test the liquor from the interior of an unripe cocoanut. This liquor possesses properties which will, I believe, make it of great value. . . . It is transparent as water when the nut is not too ripe, is contained in a germ-proof receptacle (the cocoanut), and when

exposed to the air, bacteria and other organisms develop with astonishing rapidity. In my first experiment two portions from the same nut were placed in small beakers, one exposed to the air and the other protected by the glass cover and bell-jar (Lister's apparatus), with previous precaution of heating apparatus to 320 degrees. The following morning, the portion exposed to the air was milky in appearance and loaded with bacteria large and small, and had upon its surface a pellicle containing the cells of some fungus; the portion under the bell-jar was clear as water. I have succeeded in keeping this liquor in quantity for three days in a Florence flask, made germ-proof by heating to 320 degrees Fahrenheit, and provided with a cotton germ-filter.

"I have made several good negatives of bacteria developed in cocoanut liquor for the purpose of testing my lenses and apparatus. I propose to continue the experiments commenced during the ensuing week."

EVEN a Microcrith may be tolerated when he respects the truth, but should be despised when he resorts to misrepresentation.

THERE is an excellent opening in New Orleans for a German homœopathic physician who speaks English and French. There are about 30,000 Germans in the city, and no homœopathic doctor who speaks German.

A PATIENT recently said the "bronchitical tubes" were all right. Another, in reporting about a pessary which had been introduced by a gynœcologist the previous day, said, "the treasury has not hurt me at all."

DR. A. R. THOMAS, of Philadelphia, has removed from 1628 Locust Street to 1733 Chestnut Street.

DR. J. N. MITCHELL, of Philadelphia, has removed from 1628 Locust Street to 1313 Arch Street.

COLEGIO MÉDICO HAHNEMANNIANO DE FILADELFIA, ESTADOS UNIDOS DE AMERICA.—Our oldest homœopathic college has had its announcement translated and printed in the Spanish language for distribution amongst the people who inhabit so large a portion of the New World. As the Spanish differs so little from the Portuguese, it will serve to carry the news throughout the great empire of Brazil, as well as to other South American nations and our nearer neighbors in Mexico and Central America. This is evidence of business tact and enterprise, which cannot fail to bring reward, as the Philadelphia College already has numerous graduates scattered over most foreign countries.

DR. J. EDWARDS SMITH, of Cleveland, Ohio, has removed from 99 Prospect Street to 323 Euclid Avenue.

READERS will please notice the advertisement in this number of a "HOMŒOPATHIC PHARMACY FOR SALE."

MOLECULAR MOTION.—A woman plentifully afflicted by moles, technically called pigmentary nævi.

THE
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Original Department.

SPECULATIVE THERAPEUTICS.

BY J. P. DAKE, A.M., M.D.,
NASHVILLE, TENN.

THE practitioner of medicine in selecting and applying his remedy is influenced by what we may call a determining motive.

A desire to restore health or bring relief to the sick, and a wish to comprehend the nature or manifestations of the sickness, are common to all practitioners. But, beyond these, taking a case as presented for treatment, there is a special reason for the employment of one remedy in place of any other.

One practitioner selects a remedy simply because it has been known to cure in a similar case. He is an *empiric*.

Another selects one because known to increase the functional activity of a certain organ, upon the inactivity of which the present troubles depend. He is a *theorist*.

Another makes his selection in accordance with a certain principle, or law, requiring the influence of the remedy to bear a certain relation to the influence of the morbid cause; or, in other words, requiring a certain resemblance between the symptoms found in the sick and those produced in the healthy by that particular agent.

When the principle or law expressive of such relationship has been arrived at by a correct generalization of reliable data, and, especially, when it has been successfully applied in numerous cases—when it has never failed, in fact, where prop-

erly applied—the practitioner governed by it must be recognized as a *scientist in medicine*.

He may follow such principle, in each case, comparing the features of the disease with the picture of his remedy as found in the *Materia Medica*, or, he may go farther, looking into physiology and pathology, and pathogenesis, to learn something of the *rationale* of the principle he is following. He may consider tissue conditions, and tissue changes, molecular motion, and cause and effect. When he thus seeks to arrive at an understanding of the nature of the principle he is following, and to give it a rational explanation, he is a *philosopher in medicine*.

The mechanic obeys the law of gravitation with much success. But the astronomer recognizes it as a general law of nature, and by a better understanding of its character and field, goes out into the heavens in search of something he knows to be there, though as yet undiscovered by human eyes.

And so the therapist, practically following the law *similia*, may have a large measure of success without that better understanding of its character and field which enables the cultured pathologist, the philosopher as well as practitioner in medicine, to follow its pointings where experience fails and the more familiar indications are few and unsatisfactory.

But I did not start out to write an essay but merely a review of some essays written by others.

In the February number of the *North American Journal of Homœopathy* an effort was made by Dr. Martin Deschere to find an explanation and a scientific basis for homœopathic therapeutics in the domain of *magnetism*.

After mentioning how various members of the homœopathic family have erred, some by representing the master as guilty of grave mistakes, and others by claiming infallibility for him, he concludes that the great trouble is due to the constant home *intermarriage* of thoughts, investigations, writings, and associations, upon the principle that “when the members of a family or a tribe always marry within this family or tribe, the result, at last, will be the production of sterility, idiocy, or monstrosity.”

Not doubting the principle stated, I confess myself unable to see its applicability in the case of homœopathy. Looking over our literature and scanning the various theories and modifications proposed during the past half century, we must be convinced that they are anything but strictly home progeny. They bear evident marks of alien intermarriages, or of “family

indiscretions," bringing in strange features and characteristics, largely monstrous and sometimes idiotic.

Neither the good standing nor the progress of homœopathy has been damaged by things legitimate, but exactly the reverse.

However it may be in families and tribes of men, in the sciences, where a correct generalization has led to the discovery of a fundamental and governing law, each step forward, and every day's growth, must be in strict accord with that one law. There may be other laws of nature, correlative but not substitutive, subordinate but not subversive, in the same domain.

No medical man properly acquainted with *similia* doubts that we have been led to it by a correct generalization in medicine, and that it is the paramount law in pathogenetic therapeutics. Such being its character every step in the development or application of the system of cure based upon it must be in obedience to its requirements.

Among its most important requirements we find :

1. *Similarity of symptoms or conditions of organs and tissues producible by the drug, similar to those found in the patient to be cured.*

This is plain, beyond mistake ; and yet witness the "PSORIC THEORY" MONSTROSITY ; the "ISOPATHIC THEORY" MONSTROSITY ; the "TWELVE TISSUE REMEDY" MONSTROSITY, etc.!

Not one of these is legitimate. All are alien-born, begotten by outside marriages or illicit intercourse.

2. *A Materia Medica made up of drug effects, obtained by a thorough and careful proving of drugs upon persons in health.*

This, also, is plain beyond mistake ; and, yet, look at our Materia Medica, and see the "CLINICAL PROVING" MONSTROSITY ; the "HIGH POTENCY PROVING" MONSTROSITY ; the "HAPHAZARD PROVING" MONSTROSITY ; the "SUPERFICIAL PROVING" MONSTROSITY, etc.!

Not one of these is legitimate. All are born of outside notions and theories, and of a palpable disregard of the urgent requirements of the fundamental law. And the result has been the corruption of facts in relation to drug effects and capabilities upon which homœopathic practice must depend.

Such experimentation is unbecoming a science, and cannot possibly furnish reliable data for the observance of the law *similia*.

3. *A Pharmacopœia furnishing exact descriptions of all articles, the effects of which are displayed in the Materia Medica, so as to secure their identity beyond question.*

This, too, seems plain and highly important; and, yet, consider the articles paraded as remedies, the identity of which is not determinable, such as *Anthracin*, *Balanorrhine*, *Glanderin*, *Hydrophobinum*, *Lac caninum*, *Lac defloratum*, *Psorinum*, and others of like character!

There is and can be no certainty that the attenuations of these articles, now upon the market, are from the same materials, or stocks having the same elements and influence, as those employed in the provings, unless, indeed, every dose in the world has come from the *very same few drops or grains* originally taken for experimentation.

In these articles there is no real constancy of properties.

4. *A method of attenuation employing a definite proportion of drug matter and neutral material, the two being intimately mixed by a regular series of active triturations or succussions.*

And this seems plain and reasonable; and, yet, think of the "JENICHEN" MONSTROSITY; the "FINKE" MONSTROSITY; the "BOTTLE-WASHING" MONSTROSITY!

These labor-saving, step-jumping, and material-forsaking methods are entirely illegitimate.

They are as foreign to homœopathy as anything can be, and as utterly useless.

But I need go no farther in showing how the greatest perversions and hindrances of our system of medicine have come, not from a close adherence to the law *similia*, but from a plain disregard of its most positive requirements.

Let us now notice the proposed marriage of homœopathy and magnetism, under the clever ministrations of Doctor Deschere, and the reduction of the "high potency" business to a science by basing it upon the law of *molecular polarity*.

After saying, "We do not want a commingling of allopathic and antipathic licentiousness, under the wrongly interpreted motto of 'freedom of action,' etc.," the doctor goes right on to advocate and prove something, of which he afterward says: "You cannot call this homœopathy, because it does not act according to the laws given by homœopathy!"

Let us look into his medical philosophy for a few minutes.

He has taken the microscope, that wonderful instrument which has occasioned such a flutter among "high potency" advocates, when directed toward their doses, and looked into the

human body far enough and long enough to find out to his satisfaction :

1. That cell-structure and molecular changes in the cell, in the appropriation of pabulum and secretion and excretion of matters, are all governed by magnetic power.

2. That in good health there must be equality of polar action in the cell ; or, in other words, the "regenerating cell-pole" must not be stronger than the "excreting cell-pole," nor the excreting than the regenerating.

3. That in disease the equality of polar action is disturbed, there being an excess of action on the part of one pole or the other.

4. That "it is the task of the scientific physician to reinstate the polar equilibrium by *potentized drugs*."

5. That "the potency of a drug is not the drug itself, but the medium by whose vibrating particles the drug-molecules may produce their specific properties on the organism."

6. That "in potentizing a drug we do the same thing as in magnetizing a piece of steel with a magnet-stone, or with an electric copper coil, or of one steel magnet by another."

7. That "the crude drug represents the negative pole and the potentized drug the positive pole" of the medicinal magnet ; and "the action of the potency must be in opposite direction from the action of the drug."

8. That "the cure effected by the *potency* of the homœopathically selected remedy is neither *homœopathic* nor *isopathic* ; it can only be *polar antipathic*."

I pass by all that is claimed in regard to cell-structure and molecular action, regarding it as a pretty theory, and perhaps quite as good as many others put forward by microscopic histologists.

What I am concerned in is to see how the "stainless maiden," as the doctor calls homœopathy, is coming out in this marriage with *magnetism*.

It looks to me very much as if she was not only taking on a new name, but becoming very decidedly changed in character.

He says the remedy must be selected homœopathically or isopathically, but that the relation of its polarity to that to be corrected is an *opposite* !

It is an opposite because the process of "potentization" changes the polarity of the drug molecules from the negative to the positive ; no, not the *drug molecules*, for we are told

that "the potency of a drug is not the drug itself." Alas! where are we and what are we handling?

He farther says: "The potency is the medium by whose vibrating particles the drug molecules may produce their specific properties on the organism;" and that, "in potentizing a drug we do the same thing as in magnetizing a piece of steel, etc."

Now we begin to understand what is meant by the term "potency"—that it is a *subtle something* in the drug, occasioning polarity of molecules, having the same character and origin and *modus operandi* as magnetism.

A piece of steel or iron is rendered magnetic by rubbing it with another piece of iron or steel already magnetized.

Nothing is communicated from one bar to the other, so far as any kind of test may discover; and the scientist says: "We deduce the conclusion that in magnetization there is no transfer of any substance from one body to the other, but the development of a latent principle."

Now, I am compelled to ask the doctor to harmonize things for us.

In the process of trituration where is the medicinal *magnet* which he supposes to magnetize the drug molecules?

Is it the pestle or mortar, or the hand manipulating the pestle—which?

He corrects me, and says "potentize" in place of magnetize. Very well, where is the *potency*, or agent analogous to the magnet, which, rubbed against the drug molecules, renders them "potentized?"

But, further, when going up the scale of "potentization" the last molecule of drug matter is gone, what then?

Where does the polarity reside? The drug being all gone, it must be in the molecules of Sugar of milk, if existing at all.

But philosophy says: "There is no transfer of any substance from one body to the other, but the development of a latent principle." Then the existing polarity must be simply what is *developed* in the Sugar of milk molecules, and can no longer be that of any particular drug.

Here is just the difficulty I was fearing in the beautiful theory of the essayist. In going up the scale to the 30th, 200th, and 1000th "potency," as advocated by him, the drug molecules are lost, and the drug polarity, and nothing remains but the Sugar of milk molecules and the polarity or *potency* developed in them by much trituration!

Having reached this point, it would seem an idle, if not idi-

otic quest, to look after the impression made by the sugar molecules or potency, upon the molecules of the human body, which are out of magnetic equilibrium.

So much for the theoretical aspect of the subject; now let us consider some of its practical difficulties.

The doctor says: "The action of the potency must be in opposite direction from the action of the drug."

How does he account for all the cures effected, or claimed to be effected, by drugs homœopathically selected and applied by Hahnemann before the "potency" was developed, and by nine-tenths of the practitioners of homœopathy, in all these years, who use only the lower attenuations believed to contain drug molecules?

Were such recoveries due to the modifying influence of drugs, or were they not?

Again, of what use to him is the *Materia Medica*, displaying, as it does for the most part, the effects, or assumed effects, of *drugs* and not of "potencies?"

The doctor, in using "potencies," follows the *antipathic* principle in reference to drug symptoms.

He must have a *Materia Medica* composed exclusively of "potency" symptoms if he presumes to follow the homœopathic law.

In conclusion I must say that I have read the writings of Dr. Deschere with much interest, and often with pleasure; but I doubt his ability to find a scientific basis for homœopathy, or any useful guides to its application in the domain of *magnetism*.

Surely it does not justify the "high potency" business, nor furnish any reasonable footing for isopathy.

"MOLECULAR ATTRACTION AND MOLECULAR REPULSION."—In the May number of the *North American Journal of Homœopathy* appears an article, by Dr. Buchman, written for the *Allgemeine Homœopathische Zeitung*, upon the subject named above.

The writer, accepting the theory of molecular attraction and repulsion as the proper explanation of tissue-growth, and function, and deterioration in the human body, proceeds to show by it how medicines act in the removal of disease.

He recognizes a *chemical* molecular attraction, and a *physical* molecular attraction in certain bodies not possessed of life; and then makes the following distinction in the attractions believed to govern in living bodies:

1. "Molecular combinations in firm, unchangeable atomic weights, by nutritive molecular attraction.

2. "Molecular combinations in changeable, infinitesimal atomic weights, by pathogenetic molecular attraction."

Morbific molecules disturb the nutritive molecular attraction, thus occasioning disease.

He believes them to possess a stronger attraction for the tissue molecules than do the nutritive molecules; or that they attract these latter to themselves more strongly than do the tissue molecules; and in either case the organism is the sufferer.

Dr. Buchman says: "To the therapist the means are given with which to act for the natural solution of pathogenetic (morbific) molecular combinations.

"Either the matter (medicinal) must be brought in contact with the noxa (*materia peccans*), which exerts a stronger attraction towards it than the tissue molecules, or we must carry something to the tissue molecules to which they have a stronger power of attraction than to the pathogenetic (morbific) matter, whereby it is repulsed from the tissue molecules."

After noticing the vain efforts of Rademacher and others to reach the morbidic molecules directly by chemical and antipathic means, the writer says: "On account of this very unsatisfactory knowledge of therapeutics, many physicians were pleased with mere symptomatic treatment, injecting Morphia for pains and sleeplessness, or withdrawing in fever the superabundant heat by cold water, giving Laxantia for constipation, etc., humbugging their patients, but not curing them, and acknowledging their dissatisfaction with such treatment."

In conclusion, he favors the employment of means—medicinal or pathogenetic molecules—which are attracted to the tissues affected so strongly as to establish new combinations, leading to the repulsion and expulsion of the morbidic molecules.

Drugs thus acting are necessarily related to the morbidic causes by a striking similarity of field and mode of action.

The law *similia* leads directly to them.

This theory has an air of probability, and is not unsupported by facts in pathology and therapeutics. The explanation it affords of the action of homœopathic remedies is not so unreasonable as many with which the world has been favored.

But it is a fortunate thing that Hahnemann did not stake much upon the theoretical explanations of his law, but went forward vigorously to apply it in practice.

I would not discourage attempts in the direction of medical philosophy; but I would be sorry to have the world misled in

its judgment of what homœopathy is, and what it can do by the day-dreams of theorists, or the speculations of impractical men.

WHAT IS HISTOLOGY?

BY J. EDWARDS SMITH, M.D.,

CLEVELAND, OHIO.

(Delivered before the Class of the Homœopathic Hospital College, Cleveland, Ohio,
September 26th, 1879.)

THIS interrogatory can, perhaps, be better answered by comparing the study of histology with that of physiology.

The Greek words from which the word physiology is derived differ widely from those on which the word "histology" rests; furthermore, it may be affirmed that the present significance of the term "physiology" is widely different from its original and former significance; at its inception the science of physiology was synonymous with the science of physics at the present day. As at present taught the physiologist is expected to present the *functions* of the various organs which in their aggregate comprise the perfect and complete organism. In short, physiology may be defined as the science of life.

The word histology is derived from two Greek words, viz.: *histos*, a web, and *logos*, a discourse; by "a web" we can easily imagine and bring before our mind's eye something very minute, delicate, and intricate, and with these words the major portion of individual organs of the body may be described.

Furthermore, it occurs in many instances that the minute and delicate tissues forming individual organs can, from their minuteness, be only seen by the aid of optical instrumentation; hence, it also occurs that in the study of histology the microscope is often called into requisition, and chemistry lends valuable assistance in histological as well as physiological investigations.

It may be, perhaps, affirmed that it is the special province of the physiologist to examine in detail the various organs of living organisms, very much in the manner a skilled workman might study the parts of a complex machine; for instance, he would inspect the wheels, screws, springs, etc., to ascertain their nature, and also the special functions of these several parts, which, combined, form and make up the complete machine.

Now, on the other hand, were the histologist called to make a histological examination of the same mechanism, he would proceed quite differently, acting, indeed, from another and dif-

ferent standpoint. Thus, recognizing the various wheels, screws, springs, etc., he would interest himself with endeavoring to ascertain the composition, the make-up, of these several parts; possibly he might break a small screw into fragments, and thus learn whether it was made of wrought or cast iron; other portions of the mechanism he might submit to chemical examination and thus learn its nature, whether wrought from brass or gold, or, if plated with metal only, to lay bare the fact.

We can, perhaps, in illustration obtain assistance by comparing histology with anatomy. The latter science, as you all know, deals with bones, muscles, tendons, nerves, etc., but anatomy makes no attempt to resolve these structures into those first principles, those ultimate elements of form of which they are composed. It was a result of such attempts that the conception of animal tissues had advent; hence came, subsequently, the consideration of tissues, and finally we have the science of histology appearing in this connection as a special branch of anatomical study, an important part, it is true, but one which, by no means, constitutes the whole of general anatomy. We see, however, how closely the studies of anatomy and histology are linked together.

Again, the aim and intent of the physiologist differs widely from that of the histologist; this may be illustrated by an example similar to that just presented. Suppose, for instance, the working parts of a perfect watch should be taken to pieces and were placed promiscuously in a box together; in this case the skilled mechanic, acting from the standpoint of the physiologist, would endeavor, from his knowledge of the functions of the separate parts in detail, to replace these parts in their original position, and thus produce again the perfect watch. The same mechanic, however, actuated by the impulse of the histologist, would proceed in a contrary direction, and study separately the ultimate structure, one by one, of these separated lots of machinery; each and every one of these becomes to him a creation perfect and complete in itself.

Now, continuing our illustration, suppose that the skilled artist, in examining the nature of a minute steel spring, discovers that it is nicely tempered, and that this condition must be cared for, that he demonstrates the truth of his observations by drawing the temper of the spring, subsequently putting the parts together, and learning by actual trial that he has thus ruined the performance of the watch, here then he has a discovery of value to the artist mechanic.

It will, I trust, require no great effort on your part, after what has been said, to arrive at the conclusion that, although physiology and histology are separate and distinct studies, that they are nevertheless at times closely linked together. I hope, too, that one element of distinction has not escaped your notice. The physiologist looks in the direction of the perfect organism, while the scope of the histologist points towards the ultimate elements of form.

In general, histology deals with healthy tissues; pathology with diseased. A combination of both sciences is sometimes recognized under the title of *Pathological Histology*, a nomenclature which I regard as somewhat unfortunate.

It has already been remarked that histology at times calls to its aid the science of chemistry; here we deal with the chemistry of the tissues, to which the term *histo-chemistry* is applied.

From the illustrations which have been presented the inference might be drawn that the work of the histologist commences where that of the physiologist terminates; or, in other words, the idea might obtain that histology rests on physiology. This, however, is not the fact. Histological investigation may commence with the study of ultimate elements of form, and, working upward, the histologist may, at a certain point, turn over to the physiologist his results for further investigation; here we have an example showing that physiology, in some instances, rests on histology.

Now, in the upward investigations of the histologist, there is no arbitrary line to be drawn; no line of demarcation demonstrating just when and where, in the process of an histological investigation, the work of the histologist should cease, and that of the physiologist should commence. Furthermore, the case just related forms an exception, not the rule, as to the order of histological and physiological investigations.

The major portion of the information we now have, which has been arrived at solely through the efforts of the histologist, may to-day be found domiciled within the domain of physiology; as examples of this may be quoted the cell theory, tissues, and tissue elements, as also various elements of composition of the human body. Here again we see how closely the two sciences approach each other.

I have already stated that a distinctive aspect of physiology may be recognized in the fact that it naturally points toward the complete and perfect machine; thus we find its elements taught in our high and other schools because a certain amount

of this knowledge is of importance to the masses as sanitary knowledge. On the other hand, the rising generation can very well dispense with a knowledge of histology.

Physiology has an important position in the curriculum of our medical colleges.

Histology in some colleges is also regarded and maintained as an important study, it being claimed that a knowledge of histology is essential to a thorough acquisition of physiology.

And now, after having presented as lucidly as possible the aims and purposes of histology, and having responded to the initial interrogatory, What is histology? we have simply traversed a circle, and it remains for me to repeat what was announced on the opening day of the session, viz.: It will be my aim to present histological considerations in such manner as will assist you in the study of physiology, and I hope thus to make the study of still greater interest. A new and beautiful class microscope will be brought into service, as also the finest objectives known in microscopy. The new microscope is arranged so that it can be passed from one to another, thus allowing students to remain seated. The *solar microscope* will also be used in favorable weather.

In conclusion, I have deemed it important to present the functions of the histologist to you in the clearest manner possible, as there are many practitioners even who have no definite idea of the word histology; and, furthermore, the idea is prevalent that the science of histology is but an ornament to that of general medicine, a sort of accomplishment, like a knowledge of music or the fine arts; in short, a very nice thing to have, but not at all essential. Already enough has been said to demonstrate the above to be simply a popular delusion.

A CLINICAL PROVING OF NATRUM ARSENICOSUM.

BY WILLIAM R. CHILDS, A.M., M.D.,

PITTSBURGH, PA.

(Written by request, and read before the Homœopathic Medical Society of Allegheny County, Pa., October 10th, 1879).

“Of all sad words of tongue or pen,
The saddest are, ‘hay-fever’ time again.”

I HAVE been a victim of *catarrhus æstivus*, commonly called hay-fever, from early boyhood, and since the year 1850 have been in the habit of noting the time of inception of attack each year. It has never begun earlier than the 12th, or later than

the 20th of August. Since 1868, with one exception, 1871, it has regularly set in on the 20th day of the month. When first assailed, there is a sense of fulness and heaviness of the forehead, just above the eyes and along the frontal sinus, attended with dryness and stuffing or tickling of the nostrils, frequent sneezing, uneasiness and smarting of the eyes, increased secretion of a watery fluid from both eyes and nose, redness and tumefaction of the mucous membrane of these parts. I become very sensitive to the slightest change of temperature, as, for instance, going in or out of the house, bathing face in cold water, using warm drinks, riding in street or steam cars with draught of air blowing through the same, inhaling any kind of dust, smoke, or other irritating substance; the worst I find to be the smoke from a locomotive, when riding behind the same. I am not troubled with asthma. My attack generally lasts about six weeks; it is always more severe if the weather is very warm, and lighter when it is cool.

In 1876 I first used *Natrum arsenicosum*, and found great relief therefrom. In 1877 and 1878 I used this remedy with quite satisfactory results; it did not cure the disease, but gave me ease and lightened considerably the violence of the attack. This year I thought I would try to steal a march on the enemy by fortifying my system with this drug. I began upon the 10th of August to take ten grains of the 2^x trit. six times a day; this I continued until, on the 18th, I had taken the contents of an ounce vial (480 grains). I then used the 1^x trit., doses the same, upon the 19th and 20th. Upon the 21st I was compelled to take a journey of thirty-six miles and return by railroad. I kept my nose and mouth covered with a silk pocket handkerchief, while cars were in motion, until near the end of my seventy-two mile ride, when an unfortunate passenger caught a cinder in his eye; my services were solicited, and while removing the cinder I obtained a noseful of smoke from the locomotive. *I sneezed*, I SNEEZED, and in sneezing I ingloriously struck my colors, threw open wide the castle gates, and unconditionally surrendered the citadel on the evening of August 21st, one day later than ever before in the twenty and nine years this annual invasion had been carried on.

How did I feel while under the influence of the drug? The first peculiarity was anxiety about everything, easily worried, languid; when I laid down my feet twitched, boots felt too tight, limbs jerked; I always started and jerked before falling asleep; the head felt full; there was dulness of hear-

ing; eyes felt itchy; upper and lower lids were swollen, lower lid puffed out; looked and felt like a bag; livid circles around eyes; conjunctiva injected; burning heat of body and lower limbs, followed by an eruption on inner surface of the thighs and inside of arms at elbow-joint, which became intolerably itchy, and when scratched grew red and burned like fire, looked like scarlet fever in first stage; after scratching, the parts became tumefied and darker in color, looked like erysipelas, and gave to the hand, when feeling parts, the sensation of erysipelatous eruption. The eruption manifested itself next on the back, worse under the suspenders, then hands swelled, fingers felt stiff; after washing always worse. Soon a fine miliary eruption came out between the fingers, but unattended with any itching. I felt weak, and had a sensation as if I would get very short of breath if I walked fast. Eyes became intolerant of light; exercise exhausted me. Had two, three, and sometimes four stools per day, of mushy character, with considerable flatus. Polyuria; had to urinate about every two hours during day and night; I had tenesmus vesicae if I restrained the desire; urine was colored like Catawba wine, and quantity was a little over a gill at each discharge. Lastly, an eruption appeared on the sacrum.

On the 19th and 20th, while taking the 1st trit., my throat began to swell inside, swallowing became uncomfortable, had some thirst, with a sensation of nausea constantly. I lost my desire for tobacco, and have not chewed since. I smoke half a cigar and am satisfied, where formerly I used six a day. I have not taken a dose of *Natrum arsenicosum* since the evening of the 20th of August. I am writing this on the 20th of September.

The symptoms I have detailed gradually abated. The skin desquamated from the parts where the eruption appeared. I now feel that I am nearly myself again. I have certainly had a much lighter attack of hay-fever than ever before, but *hardly think* I will ever pursue the same course *again*.

One of my medical brethren asked some days ago, "How about your head?" I answer: My head ached, was full and heavy from the first sneeze on August 21st until on the afternoon of September 3d, when, mounted in front of an iron horse, I was pushed along that narrow steel-girt, tortuous track, up, up amid the mountain tops, where ozonized and spruce-laden air soothes with balmy touch the hypersensitive mucous membranes, penetrates to the minutest pulmonary vesicles, and, decarbonizing the venous blood, sends it back richly

oxygenated, and causing the heart to throb and joyously send coursing through the circulatory system the bright-red corpuscles, brightening the eye, tinting with roseate hue the cheek, exhilarating the brain, dispelling *all aches* therein, and commanding the vocal chords and tongue to loosen up, and, aided by lung power, to shout aloud with merry ringing voice in praises of Bell's Gap:

"For here it is the region lies
Where the infusoria never rise,
And in the next season sufferers may
Find a release from the Fever of Hay."

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.

FIFTEENTH ANNUAL SESSION, HELD AT CRESSON SPRINGS,
PA., SEPTEMBER 2D AND 3D, 1879.

UPON the summit of the Allegheny Mountains, 2300 feet above the level of the sea, in the chapel of the Mountain House, surrounded by beautiful groves, picturesque cottages, and rugged mountain slopes, our State Society convened in annual session.

The region abounds in crystal springs and chalybeate waters, trout streams, partridge covers, deer paths, magnificent drives, and a heavy growth of the "forest primeval." The presence of a large number of pleasure-seekers, the excellent hotel, with capacity for four hundred guests, under the efficient management of Mr. W. H. Mauger, of the Seventh Avenue Hotel, Pittsburgh, and the stimulating, ozonized, balsamic air made this a pleasant and refreshing meeting-place for the over-worked doctors, who had rushed up the mountain sides to keep the demoralized organization from destruction.

The Society was called to order at 10 A.M. by the President, Dr. L. H. Willard, of Allegheny City. After transacting some routine business the annual address was delivered, from which we make a few extracts:

"Ladies and Gentlemen: In accepting the position of your presiding officer, conferred on me at the last meeting of this Society, allow me to express my thanks for the unexpected honor."

"The ancient Greeks used to meet upon the heights overlooking their cities to meditate upon the past, present, and future, and thus enrich the world. Here assembled upon these mountains, in our native State, we follow the customs of the ancients, and we hope this meeting will be instructive to all.

'The past year has been full of wonderful advances. A right step has been taken towards examining our *Materia Medica* in a scientific manner, and towards avoiding errors, so that our higher preparations may be placed where they belong. Symptoms common to health must be separated from those due to the drug administered.

'The Milwaukee Academy adopted Dr. Sherman's test in good faith, in order to find the value of provings made with the higher dilutions. I see no objection to the first part of the test. The 30th dilution very probably does not produce medicinal symptoms when given to the healthy; yet we possess many remedies, which, given in the 30th dilution, have cured disease.

'We cannot admit that the 30th will not cure disease, because it will not produce symptoms upon the healthy. During sickness the organism responds to influences which do not affect it in health. The proposer of this test would have shown himself more of a philosopher if he had omitted his commands to "cease prating about cures unless this test is made."

'We find the limits of the law of similars defined by Dr. Dake in the *HAHNEMANNIAN MONTHLY*. For affections similar to those produced by a drug, of tissue possessing integrity and reactive power, the cause being removed, it is the universal law. The law covers those agents only which affect the organism in ways not governed by the laws of chemistry, mechanics, or hygiene.

'This explanation, if understood and followed, will save much trouble and prevent an attempt to cover all action by the name homœopathy.

'Carroll Dunham has given us a valuable addition to our *Materia Medica*, and Dr. Allen's last volume has just left the press. We must consider these last ten volumes of Allen as our jewels in the rough; to them we must look for reference and information. Some day the old-school will clothe them in new garments and homœopathy get no credit, as usual. They have already appropriated many of our most valuable and homœopathically-proved remedies; those that homœopaths have used for nearly a century.

'Dr. Hering, though past threescore and ten, shows remarkable powers and indefatigable exertion still, in improving and adding to our *Materia Medica* the *Guiding Symptoms*.

'Surgery is becoming more conservative. Nature is now assisted. Catgut ligatures have been used for radical cure of hernia by Dr. McClelland; Dr. Helmuth cures some neural-

gias by nerve-stretching ; charcoal is also used as an antiseptic ; Balsam of tolu as a surgical dressing ; Morphia and Chloroform are combined in anæsthesia ; Hydro-bromic ether is a new anæsthetic, with which Drs. Childs and McClelland have experimented.

‘ Dr. Marsden, one of our Society, has given us an excellent work on *Practical Midwifery*, and we trust he will reap a just reward for his scholarly labors. We notice that meddling midwifery is diminishing of late. It is good practice not to tie the fœtal cord till pulsations have ceased.

‘ Credé’s method, in delivery of the placenta, meets with much favor, but nature may do as well unaided. In labor we had better await the slower processes of nature than resort to different measures for hastening it.

‘ Senator has proved that the surface of the body may be covered by an impervious coating for a week without any injurious consequences whatever, thus disproving an old physiological fable.

‘ Dr. Ewey, of Vienna, has demonstrated by experiment that mineral-water baths act only physically upon the body, as no chemical elements are absorbed.

‘ M. Melsens has received a prize for demonstrating that Iodide of potassium in small, repeated doses will cure cases of metallic poisoning by forming soluble compounds with the elements deposited in the tissues.

‘ Our school has at last been officially recognized by the General Government in the appointment of Dr. T. S. Verdi as a member of the National Board of Health. The labors of our Yellow Fever Commission make the appointment generally satisfactory.

‘ Last year our colleges graduated between three and four hundred students, and the West is opening its Universities to Homœopathy.

‘ Our medical schools and hospitals are flourishing throughout the whole country, and the standard of medical education is being advanced yearly. A new school has been inaugurated at Buffalo, but we cannot claim relationship unless the “modern” be omitted.

‘ Our hospitals are doing noble work, though hard times have diminished their incomes in some measure. The mortality in the Pittsburgh Homœopathic Hospital the last year is less than three per cent.

‘ We would thank the homœopathic physicians of the South for their self-sacrificing labors during the terrible epidemic of

yellow fever. Our Commission has collected the statistics and found the mortality under our treatment $6\frac{6}{10}$ per cent., against that of the old school $17\frac{2}{10}$ per cent. Dr. Falligant presented views of the origin of the fever, which, opposed last year, are now accepted by most of both schools.

'I desire to say a few words about this Society. Have we done our duty in this the Keystone State? We are too slow getting out our Transactions. Our small attendance reminds us some supreme effort should be made to increase interest in this organization.

'Dr. Neidhard has told us in a paper that Homœopathy is flourishing in Europe, while others would have us believe the practice is on the decline here. I deny this last most emphatically. Every science has fixed laws. The hero of Cœthen did not promulgate his system in vain. Many acknowledge its truth, and it bids fair to become pre-eminent in therapeutics. There is no occasion to recede from the position homœopaths have occupied for ninety-seven years. These years are a proof of vitality, and should we abandon our distinctive position now, we would do ourselves an injustice, and the world an incalculable injury.'

After calling the roll, receiving reports of committees and censors, and transacting routine business, the reports of bureaus were called.

BUREAU OF MATERIA MEDICA.—Dr. J. K. Lee, chairman, read a paper entitled "The Materia Medica, Its Present Status and Dangers," of which we give an abstract. Hahnemann deduced the law of *similia similibus curantur* from experiments with Cinchona and reflections upon its action. It was necessary to create a new Materia Medica, since the old depended upon tradition and blind empiricism. He avoided the mazes of empiricism and developed a reliable Materia Medica by experiments upon the healthy human organism, and his brilliant results must ever excite our admiration. His labors, and those of his followers, have given us our Materia Medica, which, though not faultless, still embodies facts that fulfill nearly all the requirements of practice. Within the last decade we have been careless, and, without vigorous protest, have recognized and accepted drugs which have never been systematically proved. These spurious remedies are bound in massive volumes under the title of *New Remedies*, and dazzle, perplex, and inveigle the unwary practitioner.

These are corruptions of our Materia Medica. Luminous

names are impeached and abused without cause, and the very citadel of our faith is attacked by self-constituted professors of Homœopathy (?) at Buffalo. If these things *must* be, let us put on sackcloth and ashes and go back like the prodigal son, and mayhaps the fatted calf may be killed. If our *Materia Medica* is full of errors, may they not be eliminated by experiment, and its merits enhanced by bringing to its improvement the methods and appliances of modern science, and thus winnow the wheat from the chaff and separate the gold from its alloy? If its present arrangement is objectionable, let the intelligence and wisdom of the profession reconstruct it; let us never undervalue its inestimable resources, nor permit it to be adulterated by eclecticism and clinical experience.

We must keep our system free from interpolation and abridgment, and not suffer it to be emasculated nor shorn of its virtues by what they would dignify by the imposing title of "rational homœopathy." This is the wooden horse of classic lore, which, if not filled with armed men, at least contains the elements of our destruction—"Timeo Danaos et dona ferentes."

Dr. W. J. Martin was now called by the chairman to read a paper, prepared by Dr. Ad. Lippe, who was absent, entitled "Our *Materia Medica*, How to Read It and How to Utilize It." Hahnemann found pathology and *Materia Medica* depending upon hypotheses, varying as the opinions of leading men changed. He proceeded to make a reliable *Materia Medica* by proving medicine, and deserves our admiration. We use pathology in the examination of the sick, in order to get the totality of symptoms and to know their relative importance and value, but never as a basis for selecting the remedy. The author warns against reading symptoms through pathological spectacles, and draws some very fine points in directing the method of selecting a remedy in a given case of disease. He says *Arsenicum* is preferable to *Apis* in hives, because the patient seeks the warmth, which is a characteristic of the first remedy.

Dr. W. J. Martin then proceeded to read his own paper, "*Apis* and *Podophyllum* Compared in Infantile Diarrhœa." These remedies are adapted to the worst kind of cases, those sinking into the hydrocephaloid condition. They have distinguishing symptoms, which should be remembered in practice. Stools of *Podoph.* are very profuse and watery, containing a meal-like sediment, and have a penetrating odor, which the women say "smells like the summer complaint." *Apis* stools are often odorless, at other times very offensive. They

are greenish-yellow, watery, or fecal, and contain little bits, like orange-peel. Podoph. has prolapse of the rectum, a yellowish-white tongue, retching, cramps in the thighs, calves, and feet, rolling of the head, emaciation, moaning during sleep, with flesh cold and soft.

Apis has rawness of the anus; it seems to stand open, and stools drop involuntarily; there is sunken abdomen, dry skin, cold, blue hands, rolling of eyeballs upwards, heat in occiput and neck, the head is thrown back into the pillow, and there are sharp piercing screams. Apis is best after tedious illness, and in nervous exhaustion with hydrocephaloid condition. The author prefers the 200th potency, especially if Podoph. is the remedy.

BUREAU OF GYNÆCOLOGY.—Dr. J. C. Burgher, chairman, read a paper by Dr. J. H. Marsden on "Uterine Tumor." This was a clinical report of the removal of a fibro-cystic tumor with a very short pedicle. Disease showed itself first by intermitting, uterine hæmorrhages, which were repeatedly controlled by remedies. The tumor was removed in the usual manner, and the pedicle was secured by clamps. This caused much dragging, frightful pain, and finally erysipelas and death. The doctor criticizes the treatment, and hints that a ligature would have been better than the clamp, and an anodyne a rational prescription, though it seems the patient received none.

After some discussion, Dr. Burgher read a paper by himself, entitled "Congestive Dysmenorrhœa." This was very interesting, and will be published soon. The treatment recommended was hygienic and medicinal. The cause must be diligently searched for and removed; the habits of the patient should be overhauled and modified when necessary; active exercise should be prohibited four or five days before menstruation and during the flow. Medicines recommended were Acon., Aletris, Aloes, Bell., Borax, Cimicifuga, Hamamelis, Lilium, Secale, Sepia, Ustilago, and others.

BUREAU OF OBSTETRICS.—Dr. R. J. McClatchey, chairman, being absent, the Secretary read a paper by Dr. M. Friese, entitled "Rigid Os as a Cause of Tedious Labor." The causes are general and local. The varieties are tonic and spasmodic. The frequency of this disease has been overestimated. My cases are generally due to faulty position of the fœtus; the slow dilatation is due to absence of a dilating wedge, especially if the waters have escaped. Another cause is irregular con-

traction of the uterus; pains are frequent and violent, but ineffective. Spasmodic rigidity is a neurosis, affecting the circular fibres of the os. It is indicated by the touch exciting the contraction, and by the hyperæsthesia of the part. The tonic variety has some organic change of the lips and cervix, and often requires forcible opening by mechanical means. In treatment, Chloroform may be given in whiffs, and Bell., Gels., Cimicifuga, and Pulsatilla according to the symptoms.

BUREAU OF CLINICAL MEDICINE.—Dr. J. S. Rankin, chairman, read a paper on "*Fragaria Vesca* in *Agalaxia*," by Charles Mohr, Jr., M.D. It related to fragmentary provings and some clinical experience with the strawberry fruit, showing some action upon the secretion of the mammary gland in cows and women. The author claims that the fruit increases the flow of milk.

Dr. Rankin then read an essay upon "*Hepatic Abscess*," by Dr. M. Friese. The author, in an obscure case, made a diagnosis of abscess of the liver, placed the patient upon *Hepar sulph.* 3^x, and ordered poultices to the hepatic region. Pus was withdrawn by a hypodermic syringe, and thus the diagnosis confirmed. An incision was made through the skin and a trocar plunged into the fluctuating region. A large quantity of offensive pus was discharged through the canula, which was retained three days. China was given a short time and then *Hepar* for a considerable period, and the patient entirely recovered. The doctor concludes that *Hepar* should have the credit of the cure.

Dr. A. Korndorfer read an unfinished paper upon "*Tuberculous Disease of the Mesentery*." The tubercular masses were in nodules, an inch to an inch and a half in diameter, scattered over the peritoneum and in the mesentery.

Dr. W. H. Winslow read a paper entitled "*Chronic Nasal Catarrh*," the contribution of the Homœopathic Medical Society of Allegheny County, by its committee of five members, Drs. C. P. Seip, Stephen Woods, C. F. Bingaman, H. W. Fulton, and W. H. Winslow. The essay is too long to present here, but will be published in a future number of this journal. The predisposing cause was considered to be a strumous diathesis; and the exciting, repeated attacks of acute or subacute nasal catarrh. Local medication was discouraged, but local cleansing measures advised.

The internal remedies found most useful are *Ars. iod.*, *Aur. met.* and *muriat.*, *Calc. carb.*, *Hepar sulph.*, *Hydrastis*, *Kali bi.*, *Kali hydriod.*, *Natrum sulph.*, *Sulphur*, and *Silicea*.

BUREAU OF OPHTHALMOLOGY AND OTOTOLOGY.—Dr. W. H. Winslow, chairman, read a paper on "Eczema Auris," by Dr. R. E. Caruthers. Cleansing and soothing applications were advised, and local medication objected to. Internal medication was considered sufficient for most cases, and a careful selection of remedies inculcated. The medicines considered the most useful were Graphites, Hepar sulph., Merc. sol., Arsenicum, Lycopodium, and Oleander. In the discussion Sulphur and Iris vers. were mentioned. The chairman then read his own paper entitled, "Rare Sympathetic Ophthalmia: Ossification of the Ocular Choroid." This was the report of a case in which enucleation of an eye, sightless for thirty years, was performed to save the other eye, which had suffered repeated and damaging attacks of keratitis. The removed eye was disorganized, and the choroid coat ossified and thickened, forming a cup with a perforation in the bottom for the optic nerve. During the six months following the remaining eye had kept well, and vision had improved about one-fifth.

BUREAU OF CLIMATOLOGY.—Dr. B. W. James, chairman, being absent, a paper entitled "Air in Health and Disease," by Dr. T. M. Strong, was read by Dr. W. R. Childs. Air as furnished us by nature is better than artificial products. Ozone prevents epidemics; its maximum is in February and May, its minimum in July and October. Pure air is essential to health. Sea and mountain air suit different conditions. Air rapidly inhaled acts as a weak anæsthetic.

BUREAU OF SURGERY.—Dr. W. R. Childs, chairman, read a paper contributed by himself, entitled "Hypertrophy and Eburnation of the Femur." This was a case of ivory exostosis of the femur, which excrescence he had removed by chisels and gouges through the appropriate incision. The lower part of the shaft was much enlarged, with an oval opening through it near the femur proper, and by the operation the diameter was reduced one-half. The antiseptic method was employed, and the opening made to the seat of the growth maintained by a tent, and later by a rubber tube, for some weeks. The man was kept quiet in bed for awhile, and then permitted to go about on crutches. Silicea and Hecla lava were given separately during the progress of the case, and a perfect cure resulted.

The doctor then read a volunteer paper on "Caries of the Tarsal Bones," by Dr. R. V. Piteairn. A boy, aged six years,

had caries of some of the tarsal bones. The diseased portions were removed by Dr. Willard, with the dental engine, from the middle and internal cuneiform bones. The caries continued, and at a subsequent operation these two bones, with the middle metatarsal, also found affected, were removed by Dr. Pitcairn. The wound closed and the boy's health improved, but a small abscess appeared over the cuboid, which was lanced, and at date of writing it appeared other surgical measures would be necessary. Medicines administered were Mercurius, Arsenic, and Fluoric acid.

Dr. J. H. McClelland was then called by the chairman to read his paper, entitled "The Principles of Orthopraxy." It defined the pathological changes incident to many conditions of disease, and laid down principles to guide the surgeon in the application of massage, manipulations, elastic pressure, extension, plaster jackets, etc. The essay was so elaborate and exhaustive that we forbear attempting a synopsis, as we hope to give our readers the paper in full before long.

This closed the bureaus, and after some discussion the Society proceeded to hear the reports of the Historical Committee and the Yellow Fever Committee, from Dr. J. C. Guernsey and Dr. B. W. James, the respective chairmen.

The necrologist, Dr. W. R. Childs, reported the decease of Dr. W. H. Cooke, of Carlisle, and Dr. H. E. Reinhold, of Williamsport, during the past year, and appropriate resolutions were passed.

NEW BUSINESS was then called. THE HAHNEMANNIAN MONTHLY was made the organ of the Society. The Corresponding and Recording Secretaries were instructed to arrange their duties, on account of certain conflicts in the By-Laws relating to them. A new by-law was made that hereafter the place of meeting should be determined by a vote of the Society at the annual meeting.

Several places were proposed for the meeting of 1880, and Easton was finally selected by vote. The Officers of the Society were made a Committee of Arrangements, and the time fixed for early in the month of September. Resolutions of thanks were passed to the retiring officers and the hotel management; the President thanked the members for their assistance, and announced the committees and bureaus for the year, after which the officers were elected. The following is a correct list of these:

PRESIDENT.—J. K. Lee, M.D., Philadelphia.

FIRST VICE-PRESIDENT.—H. Detwiller, M.D., Easton.

SECOND VICE-PRESIDENT.—J. W. Allen, M.D., Altoona.

TREASURER.—J. F. Cooper, M.D., Allegheny City.

RECORDING SECRETARY.—Z. T. Miller, M.D., Pittsburgh.

CORRESPONDING SECRETARY.—R. E. Caruthers, M.D., Allegheny City.

NECROLOGIST.—W. R. Childs, M.D., Pittsburgh.

BOARD OF CENSORS.—Drs. R. J. McClatchey, J. H. McClelland, and J. S. Rankin.

COMMITTEE ON PUBLICATION.—Drs. Z. T. Miller, R. E. Caruthers, W. H. Winslow, and J. F. Cooper.

COMMITTEE ON SUBSCRIPTION.—J. F. Cooper, M.D.

COMMITTEE ON LEGISLATION.—Drs. J. H. McClelland, J. K. Lee, and S. F. Charlton.

COMMITTEE OF ARRANGEMENTS.—The Officers of the Society.

DELEGATES TO THE AMERICAN INSTITUTE.—Drs. H. H. Hofmann, L. M. Rousseau, H. N. Guernsey, and A. Korn-dorfer.

After a few modest remarks from the President elect, and a request from him that the editor of the *HAHNEMANNIAN* would appeal to the members of the profession throughout the State to take a more active interest in the Society, the meeting was adjourned to September, 1880.

BRITISH HOMŒOPATHIC CONGRESS.

ANNUAL MEETING AT MALVERN, ENGLAND, SEPTEMBER 11TH, 1879.

DR. HUGHES (Brighton), the President, opened the business of the Congress by an address on "Homœopathy; Its Present State and Future Prospects." He began by remarking that he thought it most appropriate that the President's address on such occasions should take a general survey of the field his hearers cultivated, rather than a special study of any part of it; hence the subject which he had chosen. He defined homœopathy as essentially a *methodus medendi*, a rational, as distinguished from an empirical, mode of treating disease. Its organization in a separate body was an accident. Inquiring as to the internal well-being of this method among those who acknowledged it, he was able to report very favorably. The "provings" of medicines on the healthy body, which constituted its "stock-in-trade," were now numerous, and had lately

been made available, in their completeness, to English readers. The apparatus for applying these materials to the treatment of disease on the principle of similarity was already largely supplied, and was being rapidly augmented, while the method itself had received thoughtful study and expositions in several quarters. He next dealt with the reception of the new system by the profession and the public, remarking that there was nothing to complain of on the latter score; and that, after all, people knew whether their boots fitted them or not, though they might be quite ignorant of the mysteries of shoemaking. The fierce and intolerant opposition which homœopathy had long met with from the profession was subsiding. He showed, by several examples and quotations, that both the practice and principles of the new method were being largely adopted in the old school of medicine. The speaker also adverted to the anomalous position in which the adherents of homœopathy were placed by being forced to stand apart from the main body of the profession, and declared the cause of this to be that they were refused the liberty which was the right of every qualified medical man—the right to treat his patients to the best of his judgment. If, in the exercise of their judgment, they came to adopt the homœopathic mode of dealing with disease, they were “sent to Coventry”—everywhere expelled, ostracized, refused the opportunities of professional intercourse and the rights of medical brotherhood. Until this terrorism was abandoned they intended to stand where they were and insist on their claims. On the other hand, he pointed out to his own colleagues that when (as must come sooner or later) the liberty they demanded was conceded to them, it would be their duty, and should be their pleasure, to abandon their separate position and merge themselves in the main body of the profession. He believed that homœopathy itself would be the gainer by the change, as the existence of the homœopathic “body” was one of the greatest hindrances to the consideration of the method on the part of medical men; and he was sure that homœopaths, though not guilty of the schism in which they lived, were the sufferers from it. He eagerly anticipated the day when all distinctive names and rival organizations should cease to exist, and the practitioners of medicine should be united in one generous emulation as to who should do best for suffering mankind.

A unanimous vote of thanks was given to the President for his excellent address, and, after a short interval,

Dr. Nankivell (Bournemouth) then read a paper entitled

"Further Remarks on the Therapeutics of Phthisis Pulmonalis." Having adverted to a former paper on a similar subject, read before the Leamington Congress in 1873, he said that the expectations which he had then formed of the value of the Iodide of arsenic, and other Arsenical preparations, in the pneumonic forms of Phthisis, had been fulfilled. Four cases, selected for their marked severity, and for the manner in which they benefitted under this remedy, were reported, and a tabular statement read of these cases, and of fourteen others which had been related in 1872 and 1873. It appeared that, out of these eighteen cases, six had been treated while yet in the first stage, and of these all had made a permanent recovery. Eight had been treated while yet in the second stage of the disease; of these two had died after a considerable period of restored health, one had experienced a slight relapse after nine years of good health, one had remained in an invalid state, and four had been thoroughly restored. Four cases had passed into the third stage before coming under treatment; of these two had died, one of recurrent pulmonary attacks four years after treatment, the other of cardiac disease four years after convalescence from the lung affection. The remaining two were in the enjoyment of good health now—six years after treatment—their cavities having completely cicatrized. The value of Hepar sulphuris, or Sulphide of calcium, was next touched on, and it was pointed out that this remedy was useful in Follicular pharyngitis, in Follicular laryngitis, in dry Bronchitis, in Catarrhal pneumonia where the air-cells are not completely blocked, and in certain conditions of the second and third stages of Consumption. The natural analogue of this remedy, viz.: the Eaux Bonnes mineral waters, were next mentioned; it was shown that these waters acted homœopathically, so that large doses of them excited in healthy persons the very symptoms which small doses would cure in affected persons. The use of Eaux Bonnes was advised in certain special conditions of the mucous membrane of the respiratory apparatus. Thirdly, the employment of Lachnanthes was mentioned. Our knowledge of its use in Phthisis was at present based *ex usu in morbis*, and there was as yet a paucity of evidence as to its special value. It was, however, suggested by Dr. Nankivell that its exhibition would be limited to chronic, second, and third stages. Cases were related in support of this view. The paper closed with a reference to the value of the winter climate of Davos; five cases which had gone through the Davos treatment, and had been observed by the writer, were related.

The *pros* and *cons* were discussed, and the cases specially suited to that climate were indicated, and it was urged that the present indiscriminate medical fashion of sending pulmonary patients of all classes to Davos was not founded on a scientific appreciation of its relative advantages and disadvantages.

Dr. Burnett's paper on "The Revival and Further Development of Organopathy During the First Half of the Present Century," was then read (owing to the writer's unavoidable absence) by Dr. Pope. Dr. Burnett stated that his object in bringing before the Congress this subject was historic fixation, to give the honor of its revival to whom that honor was due. He defined organopathy as the doctrine that all diseases being local or topical, and all drug-action being local or topical, drugs, to be remedies, must affect the same organs or parts as the disease. The general recognition of local drug-action was of very ancient date, as was shown by an extract from the works of Paracelsus, in which it is stated that drugs are to be classified *secundum loca*. Quotations were made from Rademacher's work (1841), showing that he endeavored to ascertain the action of drugs by testing them on his own healthy body, not after the manner of Hahnemann, but in a way which led him to distinctly recognize the doctrine of local affinity, the conclusion he arrived at being thus expressed by one of his disciples: "The anatomico-physiological action of drugs in the healthy organism is also their sphere of curative action in the diseased." Dr. Burnett then pointed out how Rademacher developed his views, and the progress made by himself and his disciples between 1841 and 1848. It was not to break a lance in favor of organopathy that Dr. Burnett had brought forward this subject, but for purely historical purposes. Organopathy was a kind of half-way house between allopathy and homœopathy, being a very great advance upon the former, and very inferior to the latter. "When an allopath became an organopath he is looking," said Dr. Burnett, "our way, and is not far from us; he is advancing. When a homœopath becomes an organopath he is either in a lazy mood or is neglecting his *Materia Medica Pura*, preferring organopathy as a kind of homœopathy made easy, and he has his back to us; he is retrograding." Dr. Burnett then pointed out that the views published by Dr. Sharp were identical with those of Rademacher and his disciples. He concluded by saying that "organopathy suffices for functional organ-disturbances, consisting in a simple *plus* or *minus*, but in anything like deep-seated mischief with a dyseratic groundwork, the organ reme-

dies, unless homœopathic to the whole historical state *ab initio*, will only displace the disease, not get rid of it. As Grauvogl says, in reference to such cases, "No real good can be got out of organopathy."

Dr. Flint (Scarborough) read a paper on "The Homœopathic Treatment of Internal Aneurism, Illustrated by a Successful Case." He remarked that as aneurism usually arises from chronic diseases of the arteries, more attention should be paid to the medical and hygienic treatment of all aneurisms than is often done. Aneurism was practically a paralysis (local) of the arterial walls, and in the treatment of it there were two objects in view, one to reduce the tension of the elastic blood-carrying tubes to a normal or subnormal standard, the second to stimulate the failing energy of the relaxed walls; one was the work of hygiene, diet, and physiologically-acting remedies, the other was the work of specific drugs. In the first class of remedial agents the importance of perfect, prolonged, and persistent rest was dwelt on, and the particulars of the necessary restrictions in diet and food were gone through. Dr. Flint considered rest and diet the most potent agents in reducing the blood-pressure. He however remarked that if they proved insufficient, or a sudden sharpening of pain from increased blood-pressure should demand prompt relief, there were certain drugs whose physiological action might be relied upon for the purpose, viz., Aconite, Cactus, Digitalis, Jaborandi, Ergot, Iodide of potassium in full doses, and Muscerine. Muscerine was considered as the most promising agent to effect this purpose, and with the least injury to the patient. Specific drugs should, however, be relied on for direct curative influence on the aneurismal walls. Lycopodium, Lead, Iodine, Iodide of potassium, Baryta salts, Phosphorus, and Arsenic were named among such drugs; Lead, Iodide, and Chloride of barium being more especially considered. The adaptability of Lead to the chronic endocarditis at the base of most aneurisms, and also to the paralysis of the arterial walls, was pointed out. The special action of Iodine on the arterial walls was dwelt on, and the special action of Iodine and Potassium salts (in some cases antagonistic) was shown to make the compound, Iodide of potassium, an analogue of Lead and Chloride of barium. It was shown that the action of Iodide of potassium in large doses, as used by Dr. Balfour, was that of a paralyzer of the arterioles, and that this action put Iodide of potassium in the first class of remedies proposed; but that Iodide of potassium also acted in more moderate doses as an

antisypilitic, and that it, or rather Iodine, might be expected to develop direct curative power over the aneurismal sac by virtue of its special affinity for the arterial walls, and for this purpose very small doses would be sufficient. The action of Chloride of barium was then very fully gone into, and a brief outline of the case in which it was used by the author of the paper was given. The reliability of the diagnosis was dwelt on, and it was shown that the curative influence must have taken place by virtue of its heart-paralyzing power when this drug is taken in large doses, or of its homœopathic relation to the disease process. It was demonstrated that the first hypothesis was untenable, and the homœopathicity of the drug to the disease was proved. Finally, Dr. Balfour's caution was quoted, that "the actual cure of an aneurism is of very rare occurrence, and that is the best treatment which most often relieves symptoms and prolongs life."

In the discussion which followed the reading of the paper, the point that Iodide of potassium might be expected to exercise a curative influence over aneurism by virtue of its homœopathic relation to the disease was illustrated by two cases given by members, in which it had a beneficial influence. In one case the medicine was given in doses of two grains, and in the other one-grain doses. A case was also cited in which Iodide of mercury had, in minute doses, greatly relieved the symptoms and prolonged life.

The Congress was then resolved into committee, and, after formal business had been transacted, Dr. Hayward (Liverpool) read the report of the Hahnemann Publishing Society, in which he made special reference to the *Cipher Repertory*, and strongly recommended every homœopathic practitioner to possess it, as it enabled the professional man, on finding the description of symptoms, at once to select the drug suited to its treatment, the symptoms and drugs being found in the same place, either in words or cipher. Other members had spoken in high terms of its terseness and practical excellence. Leeds was decided upon as the next place for their periodical conference. Dr. Yeldam was elected President; Dr. Clare (Leeds), Local Secretary; Dr. Gibbs Blake, General Secretary; and Dr. Edward Badham, Treasurer.

The members, with visitors and ladies, dined at half-past five o'clock. The usual loyal toasts were honored; several other toasts were enthusiastically given and responded to, including "The Memory of Hahnemann," and the healths of the President (Dr. Hughes), the Local Secretary (Dr. Dalzell), etc.—*Com.*

HAHNEMANN AND HIS HOMŒOPATHY.

BY C. PEARSON, M.D.,

WASHINGTON, D. C.

THAT there should be a desire on the part of physicians who adhere in their practice to crude drugs, or, what is little better, to low dilutions, to make it appear that Hahnemann's favorite mode of prescribing was the same as theirs, is not at all strange; but how any sane man can come to any such conclusion after carefully reading his works, is most unaccountable. If the agitation of this subject will have the tendency to induce physicians to more generally and critically read the *Organon*, I shall be content, and on their unbiassed judgments cheerfully rely.

In an article of mine published in the July number of *The Homœopath* I made the statement that in the *Organon* wherever the dose was referred to at all, the 30th or higher potencies always take the precedence. And this I again repeat, without fear of successful contradiction. To this, however, Dr. Potter, in the last number of the *HAHNEMANNIAN* takes exceptions, and accuses me of "garbling," "gross misrepresentation," etc., and says that there is not in the five editions of the *Organon* "any instance of Hahnemann having used a potency above the 30th, and but one direct reference to the existence of such preparations." But why does he not give this "direct reference," as I did, where Hahnemann asserts the higher a medicine is carried in the process of development the better, and that, although the 30th is mostly sufficient, its energy is but little diminished, though it be carried to the 60th, 150th, 300th, and even higher. Now if this is not a preference for the 30th and higher potencies I am at a loss to comprehend a plain statement. It was not necessary that he should repeat this on every page, but to give it near the close of his work, as the result of his experience. And is this the language of a low dilutionist? a man who Dr. Potter declares "rarely gave the 30th, *never went beyond it*, and in the main kept to low dilutions during his entire life." But Dr. P. now admits that Hahnemann did give Sulph. and Thuja, at the 60th, and that he used twenty-three remedies at the 30th to five at the 2d. Now who is it that "garbles" and "misrepresents?" In my quotation from the *Lesser Writings* I am again accused of omitting important words. *I omitted nothing*, except the repetition of the paroxysms, which had nothing whatever to do with the subject under consideration, which was the dose, while

Dr. Potter misconstrues the meaning by italicizing the word *once*, which Hahnemann or I did not. For my own part, I would rather take the word of Hahnemann, in reference to what he believed and practiced, than that of Dr. Dudgeon, or any one else, as to what an old pocket-case of his may or may not have contained.

The facts are plain and unmistakable. When he first commenced to apply the "law" by the use of crude drugs, he found it difficult to diminish the dose sufficiently, and in his efforts to do this discovered the process of attenuation, and out of this grew his theory of dynamization. In judging of his practice we are not to accept as the standard the years of his experimenting or developing his system, but should rely on what he says when time and experience had taught him the better way. In this respect he did as most close students of homœopathy have since done, and as Dr. Potter will probably do should he live to practice twenty or thirty years: he went higher and higher in the scale of potentization, as his knowledge of homœopathy increased, so that if he had lived till to-day he would, in all probability, have been far in advance of Swan, Finke, or Skinner.

Use crude drugs, gentlemen, if you will; but by undertaking to drag Hahnemann down with you, you incur a burden too heavy for you to carry, and it was for attempting this that I used the threat of Richelieu, to "hurl on you the curse of Rome."

But as extracts from letters seem to be in order, and to show that I am not alone in this controversy, and how my "Open Letter," published in the April number of the *HAHNEMANNIAN* was received by some of the best men in the profession, I append a few from the many received:

"I cannot deny myself the pleasure of thanking you for the vigorous and merited rebuke you administered to the Milwaukee Academy of Medicine, in your 'Open Letter.' The 'test' they offer the profession on the subject of potency is an insult to the intelligence of even tyros in homœopathy."—J. B. M.

"I read your compliments to those Milwaukee —, and assure you I had an enjoyable feast. I have read it over at least four times, just as I would a good story, or a good joke, to enjoy it over again."—T. F. P.

"You gave it to them gloriously."—R. R. G.

"You gave them a hard rap, but no more than they deserved."—W. G.

"I read your paper on the Milwaukee affair and like it much. It was, in fact, a *capital production*."—H. N. G.

"Good! Splendid! I hope they will not stand on the order of their going. We can spare them, H., P., and the whole clique, Milwaukee and all, and be better off. Thank you for your 'Open Letter.'"—C. W. B.

"Thanks for the shot fired at the Milwaukee Academy. The first

sentence was well directed, and those worse than — must have winced.”
—A. F. R.

“Let me thank you for that ‘Open Letter’ to the Milwaukee philosophers. I am very glad you gave these homœopaths (?) such a well-deserved and clever hit.”—A. L.

“I read your ‘Open Letter’ with much pleasure, and fully indorse it.”—W. E.

“Your letter is worth a year’s subscription to the journal.”—S. W.

“Your Milwaukee letter was capital—just to the point—and the best answer that any one could have written. G., L., and in fact all of the true color, gloried in it. You were just the man to do it, and you did it right.”—F. M.

“Allow me in the name and in behalf of Hahnemannian homœopathy to thank you for your article on Sherman’s proposition. You have played Sioux with him—completely scalped him alive. You deserve the thanks of the entire profession.”—H. C. A.

SALIVARY FISTULA.

BY GILMAN R. DAVIS, M.D.,
IRONTON, OHIO.

Miss A. C., æt. twenty-eight years, in 1861 had a large boil on left side of the neck, just under her ear. It was a long time in getting well, a clear watery fluid finally taking the place of the pus formerly discharged. The opening closed, seemingly; but ever since that time, *especially when eating*, this watery fluid would trickle down her neck. The opening was too small to be seen with the naked eye.

She consulted a physician about it some years ago, who told her “it was water from her brain, and to stop it would kill her,” and he so impressed the fact on the girl’s mother that she would not allow it to be meddled with.

I saw the case August 25th; the opening was so small that only the finest hog bristle could be inserted in it, which I could pass into the neck only one-fourth of an inch.

The fistula was at the extreme posterior portion of the left parotid gland, and I had considerable difficulty in finding the opening.

Using the bristle as a director I made an incision through the integument, and touched the wound with Nitrate of silver. In two days it burst open. Thinking I had not gone deep enough, I repeated the operation; this time the wound was torn open by roughly wiping the neck after washing. The third time was successful; the inflammation produced caused sufficient swelling to close the opening, and on healing the discharge was stopped. She has experienced no trouble whatever from it since.

This is a little matter ; but the nature and duration of the case make it quite interesting, and as I find but little on the subject in surgical works, I thought I would offer this as a contribution on the subject.

CLINICAL OBSERVATIONS.

BY DR. CRAMOISY,

PARIS, FRANCE.

(Translated from *Bul. de la Soc. Méd.*, June, 1879, by Dr. T. M. Strong, Allegheny City, Pa.)

MILD DELIRIUM.—Mlle. X., aged 14 years. Father well, but her mother in an insane asylum. At twelve years of age she had a severe attack of typhoid fever. She menstruated at thirteen years. Suffers with very severe pain in the lower part of the abdomen at each menstrual return. Six months before had had whooping-cough, which lasted three months. Since the typhoid fever she is always cold. Neither motion nor rapid walking warms her. Since that time she has also had religious scruples, which torment her without ceasing. These scruples, or rather ideas, thoughts, or imaginations, depend principally upon disorder of the genito-urinary apparatus. She imagines that she has every disease affecting these organs. She has itching in these parts, which obliges her to scratch continually. She blushes if any one speaks of a young man. Examination revealed nothing but a few scratches about the clitoris. She thinks that everybody knows of the disease of which she believes herself to be suffering. She rises late in the morning and with difficulty ; sleeps a great deal ; is nonchalant, remaining hours absorbed, without knowing of what she is thinking. She eats and digests well. Three or four times a day she is seized suddenly with the following paroxysm. She approaches her attendant, and in an affrighted manner utters incoherent expressions ; she repeats them many times, adding continually and as if unconsciously : “ Do you hear me ? Do you hear me ? Have you understood ? ” Then she complains that they do not understand her, that she is very unhappy, and she begins to cry.

Sulphur baths had been ordered, but they gave no relief. The marked symptoms of mental alienation are found in this case : “ The hallucination, properly so called ; crazy impulse ; delirious thoughts ; and, finally, heredity.”

On account of the dysmenorrhœa, the dislike for motion, the attacks of anguish with heat of the face and cold hands, Pul-

satilla 6 dil. was given for a month, producing a favorable change; for the somnolence and delirium Aurum mur. 18 dil. was given for two months, and cured permanently.

CHRONIC DIARRHŒA.—A carpenter, aged 42 years, had suffered for twenty months with a violent bilious and mucous diarrhœa (ten to fifteen stools a day), which did not prevent him, however, from attending to his labor. He had been treated with Bismuth and Opium, and had spent some time in the country, with only slight relief. To-day, December 8th, he still has four to five stools a day. He has the appearance of an old man. He was put on a milk diet, and given Phos. ac. 3 dil. On the 20th of December the patient reported himself well.

WHOOPIING-COUGH.—A girl, 8 years of age, was seized on the 20th of November with a high fever, heat of skin, intense headache, labored breathing, a very severe cough similar to the obstinate cough of measles. For this catarrhal bronchitis, evidently inflammatory, Aconite 1 dil. was given. The acute symptoms yielded promptly to this treatment. The next day the cough was changed. She had a very long severe paroxysm of whooping-cough, with whistling inspiration, during which there was considerable turgescence of the face, followed by hæmorrhage from the mouth and nose. Ipecac. 1 dil. was given. The hæmorrhage yielded to this treatment. The paroxysms of cough remained the same. The expectoration was less, and there was no longer vomiting of food. There was slight swelling of the face, and a small ulcer on the frænum linguæ. Bellad. was now given in alternation with the Ipecac. This treatment reduced the number of paroxysms from thirty, in twenty-four hours, to ten. Bellad. was given alone. The paroxysms became fewer, until on the 20th of December the cure was complete.

SYPHILITIC RUPIA, TERTIARY SYPHILIS, ULCERATED CRUSTACEOUS SYPHILIS.—A woman, 39 years of age, presented herself on the 2d of December, complaining of pain in the limbs, aggravated by the heat of the bed. She had all over the body an eruption of large conical crusts, slightly green. A swelling could be detected under the mastoid muscle of the left side. Nothing else was noticed. She denied having had any venereal affection, although she admitted that about eight years before she had some sores on the labia majora and a few near the anus. She had had one miscarriage, and had lost a child a few days after its birth. Diagnosis was made of delayed tertiary syphilis. She was treated with Iodide of potassium. During eight

days there was not any improvement; then some of the smaller pustules began to disappear. On the 20th, the crusts had disappeared, and only the underlying redness remained. The dose was increased.

January 9th. Continued improvement. Medicine continued in doses of one gram.

January 25th. The cure was complete, but the same prescription was continued, as a matter of precaution, till February 15th.

Dr. Lenglet treats syphilis in all its forms in the following manner:

During the entire period in which the patient is under treatment, he takes the medicine for eight days, and then rests for eight days. He begins with one milligram of the *Mercurius subl. corros.* a day. Then two milligrams; then three; and so continues till he has reached ten milligrams a day. The interval of rest to be strictly observed as above. The cure is reached without any manifestations of mercurial poisoning. The treatment demands about four and a half months, or 130 days. Dr. Cramoisy uses the first centesimal trituration, in place of the pills of the sublimate advised by Dr. Lenglet (10 centigrams of the first trituration is equal to one milligram of the sublimate untritured).

BLENNORRHAGIC ORCHITIS. A young man, 30 years of age, was suffering from gleet, the result of a gonorrhœa contracted two years before. Duty called him to an encampment of the Reserves. The excessive exercise brought on a light discharge, more abundant in the morning. One day in a gymnastic feat in the barracks he felt a sudden pain in the left testicle. He tried varied treatment without obtaining any relief.

He was seen on January 6th for the first time. The testicle was very much swollen; induration of the epididymis very evident; the tunica vaginalis contained a little fluid. He was treated with Iodide of potassium in increasing doses, and at the end of a few weeks was entirely cured.

DIPHThERITIC ANGINA.—A child, two and a half years of age, had been sick since the evening before. He was of the lymphatic constitution, nervous temperament, and of remarkable intelligence for his age. His voice was stifled and slightly laryngeal. Pulse 130. Last night the fever was very high. On inspecting the throat two pieces of false membrane of the size of a two-franc piece could be seen upon each tonsil; the one on the right side was not so round as the one on the left

side. The glands upon the left side, in the latero-cervical and submaxillary regions, were engorged. The child had a good look, and the expression of his face was calm.

The treatment consisted of vapors of water; diet of warm sweetened milk; Bellad. 1, and Cyan. of mercury 3, in alternation. In the evening the child was seized with convulsions and suffocations. Ordered two spoonfuls of the Bellad. to one of the Merc. cyan. In the morning he was better. On the fourth day the right membrane was reduced to a particle of soft matter; the left remained, but less thick. The doses were increased. On the sixth day the false membrane was gone; but the child drank with difficulty, and the liquid returned by the nose; in speaking he had a nasal intonation. The uvula hung down. On the next day, there being no improvement, the Arseniate of strychnine, 6th dilution, was given, together with a tonic regimen and a little wine. In a few days the disease was removed, and only a slight engorgement of the posterior cervical glands remained.

PARALYSIS OF THE SEVENTH PAIR OR FACIAL NERVE.—A young man, of 30 years, suffered for a month with difficulty in speaking, eating, and whistling. He was not able to puff out the cheeks, because the lips could not be held firm on the right side of the face. When he wished to speak there was a want of symmetry of the muscles of the face, the labial commissure of the paralyzed side was lower; the mouth was oblique in the action of laughing and speaking; on the paralyzed side there were neither wrinkles nor muscular contractions. The trouble did not attack either the eye, eyelid, hearing, nose, or tongue. Kali chlorat. 6th dil. was given, and repeated in lower attenuations, until a complete cure was reached. No cause could be discovered for the disease. One of his great-grandfathers had a similar trouble, and was never cured of it.

LICHEN, CIRCUMSCRIBED.—M. B——, aged 45 years, of a lymphatico-herpetic constitution, had in his youth all the eruptive affections habitual to infants, as well as the ophthalmias and coryzas classified according to Bazin in the family of primary scrofula, or the first remove.

From 18 to 25 years of age he had many blennorrhœas, which had always been difficult to cure, but which had not left any lesions of the genito-urinary organs, although he had used strong caustic injections. In 1871, there appeared upon the back of the hand an erythematous redness, accompanied with small scattered papules, but which became, at a later date, confluent. June 25th, 1877, the affection presented a symmetrical

agglomeration of non-secreting papules, touching each other at their bases, and collected under the form of a lengthened plate between the thumb and index-finger of each hand. The skin was dry, rough, hard, and wrinkled by the deep folds. The treatment consisted in starch-water baths twice a week; low diet; the suppression of coffee and alcohol; and for internal medication Sulphur 6, in water. One month after (July), the lesion was a little modified, but the itching was very great. Arsen. citrin. 3, was continued for a month. In August the general health was better, but the local lesion still persisted. Kali carb. 4 was prescribed, and in October the cure was complete.

CONCERNING INCOMPATIBLES.

BY T. C. DUNCAN, M.D.,

CHICAGO, ILL.

THE article by Dr. C. Mohr, entitled "The Incompatible Remedies of the Homœopathic Materia Medica," that appeared in the August number of the *HAHNEMANNIAN MONTHLY*, is remarkable in its statements, and demands a word in reply.

The word "incompatibles" was used in the *United States Homœopathic Pharmacopœia* in reference to the chemical principles sometimes violated by our physicians. It was pointed out that prescribing medicines which antidote each other, or unite to form dangerous compounds, was applying incompatibles. This seems to have arrested Dr. Mohr's attention, and he proceeds to give *his* interpretation of the word "incompatible" and its meaning in homœopathic therapeutics. It is a sad thing that there can arise "a war of words," simply because two or more explanations can be given of the meaning and application of a single word. Crabb says "compatibility has reference to plans and measures." To apply it to drug action seems inconsistent with correct English, for a remedy represents an individuality in the homœopathic Materia Medica, and not a "plan" nor a "measure." Which is the correct interpretation of the word we leave Dr. Mohr to settle with Crabb.

In medicine the common understanding of the word incompatible is "medicines not suitable to be prescribed together, because of *opposing* medicinal qualities."

There seems to be a need for the selection of a new word to express the therapeutic action of one drug, when followed by

or given with another, which produces noxious results. Incompatible is not the proper word. "Inimical," proposed by Dr. Hering, is a better one. But *how* unfriendly? Enough to *destroy*, or only to *interfere* with each other's action? Such a term as "repugnant," or "repulsive," would perhaps convey a little more accurately the idea illustrated in the article.

This is a very practical therapeutic question, and it is a wonder that some of our skilful prescribers and sticklers for individualization have not pointed out the correct term long ago. Possibly all of the following words may be needed to express the various shades of meaning referring to the actions and relations of remedies to each other, when applied to the cure of disease, viz.:

Friendly,
Analogues,
Identicals,
Comparables,
Compatibles,

Unfriendly,
Antidotes,
Inimicals,
Repulsives,
Incompatibles.

The science of therapeutics is yet in its infancy. When it comes to be studied, defined, and limited, the necessity for terms to express therapeutic meaning, and that alone, will be more and more apparent. In connection with this interesting discussion, Dr. Mohr steps aside to make the grave charge that the *United States Homœopathic Pharmacopœia* is "perhaps the worst book ever issued by our school,"—a very serious reflection upon the pharmacopœias from which it was compiled by as pure and careful men as can be found in our ranks. But possibly this is a little revenge for our daring to advise the withdrawal of *Guiding Symptoms*, a prospected ten volume republication of our excellent *Encyclopedia of Materia Medica* plus a few clinical symptoms—a work to be issued by the Publication Society of which Dr. Mohr is secretary. An opinion does not, however, alter a fact, and, if Dr. Mohr will point out the "worst"-ness, we will have it expunged in the next edition of the *Pharmacopœia*.

Is it not rather comical to ask a pharmacopœia to answer a therapeutic question? But this is only another proof of the confusion in our ranks in reference to the limits of the different medical sciences. Witness, also, the confusion of physics, posology, and therapeutics in the so-called "Milwaukee Test" discussion. Would not Hahnemann—logical, clear-brained, scientific Hahnemann—smile at the floundering of some of

our disputants were he alive to-day? Verily we need some master mind to clearly define the limits of the medical sciences, especially materia medica, therapeutics, posology, and hygiene; then I imagine we would see less discussion on questions foreign to the subjects under consideration.

OUR ENGLISH LETTER.

EDITOR OF THE HAHNEMANNIAN:

At the annual general meeting of the London Society of Homœopathy, in April last, a resolution was carried "that a special committee be appointed for the purpose of finding the best means of obtaining recognition for our lectures by the present and future licensing bodies."

The committee was appointed, had several meetings, approached the leading men of the London University, learned from them that no "school of homœopathy" could be recognized, but that "lectures on Materia Medica and lectures on the Practice of Physic, instituted by the London Society of Homœopathy," might possibly gain recognition if the said lectures dealt with those subjects as fully as the lectures at the other schools.

The committee decided that *this* was the "best means of obtaining recognition," etc.

The committee drew up a memorial to the Senate of the University of London.

On the 17th of July the proceedings of the committee were submitted to a general meeting of the governors of the school. At this meeting the recommendation of the committee was set aside, chiefly for the reason that, if successful, a radical change in the nature of the lectures would be necessitated; the lecturers at present taking for granted that their hearers are acquainted with the elements of Materia Medica as taught in the old schools, and also with the nature and manifestations of disease. They teach homœopathy pure and simple, as supplementing what is deficient in ordinary medical training.

This petition, therefore, was decided to be *not* the "best means," and nobody seems to have hinted at such a thing as a "*second best*." The committee resigned, and the matter remained *in statu quo*.

The Medical Parliament of Great Britain and Ireland is in session. The Medical Parliament consists, one may say, of an upper house solely. It numbers twenty-four members; seven-

teen representatives of the nineteen licensing bodies, and six appointed by her Majesty's Privy Council, presided over by a president elected by themselves. The general practitioner is not represented, and so has no voice in the proceedings.

No man is entitled to practice in the British islands unless he is, in addition to being qualified, *registered* as well. The general medical council has the power of admitting or excluding any man from the register for any cause, professional or otherwise. In this way it comes to have a certain authority over all licensing bodies.

Your readers may remember a notorious case of kidnapping, in the South Seas some years ago, by the officers and crew of the British ship "Carl" aided by a Dr. Murray. The case of the latter may give you some idea of the authority of the General Medical Council. He escaped punishment at the time by turning Queen's evidence, if I remember rightly, but public opinion did not acquit him, and the two licensing bodies, whose diplomas he held, cut him off from membership. The General Medical Council erased his name from the register, but against this he appealed, and, on its being discovered that the grounds on which the Council had proceeded were faulty in some technical point, his name was readmitted. Since that time he has been practicing in the country, a registered medical practitioner, without a diploma. However, at the late meeting, the case came up again, and his complicity in the transactions was proved to their satisfaction, and now his name has been finally erased. Had they thought otherwise, they could have retained his name on the register in spite of the action of his colleges.

No man can obtain a British diploma, or degree, who has not spent at least four years in medical studies, connected with some medical school, and at least three of these years he must have been in attendance at a hospital. The first step a man has to take is to show himself to have had a fair general education by passing an examination in arts of a certain standard. He is then registered as a medical student, and he must be four years on this register before he can take a license or degree. Those, who intend to take the higher qualifications—*fellowships* of the colleges, and *doctors* of the universities—are required to pass an examination in Greek. For the *membership* of colleges and *bachelorship* of the universities Greek is not required.

There are two kinds of qualifications in this country: those granted by colleges of surgeons and colleges of physicians,

and those granted by universities. The latter are the most highly prized, and no one is considered in professional circles to be a physician who does not possess one. They are M.B., C.M. (*chirurgionis magister*), and M.D. Surgeons, on the other hand, *i. e.*, men who practice surgery only, do not so much care to possess university degrees, and, if they hold them, they do not take the title of "Doctor," but are always addressed as "Misters." A large percentage of men who take university degrees, also go in for membership of one of the colleges as well. The colleges have two degrees, membership or licentiatehip, and fellowship. Of the university degrees in medicine, the London M.D. is most valued, as being the severest test of proficiency. But the London University is an examining body only, and not a teaching body, as are those of Edinburgh, Dublin, Glasgow, and others, consequently its degrees carry with them none of the flavor of university life and spirit that goes with other degrees.

There is a difference in curriculum between colleges and universities. In the first place the preliminary examination in arts is more stringent in the latter. Then the university insists on a thorough knowledge of botany, chemistry, and natural history, which is tested in the first professional examination. These subjects the colleges pay no attention to, and do not demand of their candidates.

I hoped to have room to explain to your readers the course of study pursued by medical students in this country, but I fear I have already trespassed too much on your space, and must postpone further remarks until next letter.

Yours fraternally,

JOHN H. CLARKE, M.D.

IPSWICH, September, 1879.

HOW THE FEVER SPREADS.

THE outbreak of fever at Buntyn's Station, Tennessee, strikingly illustrates the value of those measures of prevention which are now most relied on, and which have proved most successful. Unrestricted family intercourse has always been found to be the most fruitful means of sowing the seeds of contagion, and the yellow-fever infection proves no exception to the rule. It is probably not the individual who conveys the poison in this case, but the clothes and other personal and household effects which become the carriers of the infective

material. Complete isolation of the sick from the unacclimated, and the thorough destruction or disinfection of everything that can receive, retain, or propagate the *materies morbi*, is the only reliable means of prevention.

Effectual as these means have proved when properly carried out, the difficulties attending their practical application, especially in large cities, are almost insuperable. Too often friends of the sick will not allow them to be isolated, and family intercourse is imperfectly restricted. Clothing and infected articles cannot be seized and destroyed or properly disinfected. The infected locality cannot be depopulated of even the vagrant inhabitants without a popular outcry of persecution of the laboring classes. And, finally, as has occurred at Memphis, after the long struggle of the sanitary authorities with the pestilence is about to be crowned with success, a petty court steps in and ruthlessly brushes away the defences which have been raised against the spread of the epidemic with so much care and such expenditure of labor and money. It requires something approaching the arbitrary rule of military government to bring a city into proper subjection to sanitary measures when yellow fever first invades it. When the fever appears in small towns, popular alarm is generally so great that isolation of the sick and non-intercourse of families are enforced much more readily and completely. This fact will appear in the history of many Southern towns this summer. But Buntyn was an exception; family intercourse between the sick and the well was maintained, and the results appear in the following history of the origin and spread of the pestilence in that small town, as given by Inspector W. B. Winn:

"July 14th, Mrs. Samuel L. Moore, Jr., was taken with yellow fever at her residence in Memphis, 199 Elliott Street, in the original infected district. July 18th, Mr. and Mrs. Moore, Sr., came into the city, called at the house of their son, and asked to be permitted to take their two grandchildren to the country. They did not enter the house, but remained in the wagon. Mr. Moore, Jr., stood on the sidewalk, talked with them in regard to the removal of the children, finally consented, shook hands with his parents, and bade them good-day. At this time Mr. Moore, Jr., had the fever on him and was compelled to go to bed as soon as he entered the house. The children, a boy of two years and a girl one year old, were now taken into the wagon and carried to Buntyn. Saturday, July 19th, the boy was taken sick and sent back to the city on the 20th with the fever upon him. The younger child remained

at its grandfather's house. July 28th, Mr. and Mrs. Moore, Jr., who had now recovered sufficiently to go about, after changing their clothing, visited their father's family at Buntyn for the purpose of taking the other child back to the city. When they arrived Mrs. Moore, Sr., came out, kissed her daughter, and handed her the baby. They did not enter the house but remained about an hour in the yard sitting in chairs in the shade. On their return to the city the baby was attacked. Dr. D. D. Saunders, a prominent physician here, attended the family of Mr. Moore, Jr. There were six cases in this family, one of which died with suppression and black vomit.

"August 9th, Bradley Moore, aged seven, son of Mr. Moore, Sr., was taken with the fever. He and all the subsequent cases were treated by Dr. Watkins, of Buntyn. This case terminated favorably. August 25th, Mr. Moore was himself attacked, and on the 27th his son Calvin and daughter Lula. Two days later Mrs. Moore and another son, Wade, were taken down with the fever. All of these cases terminated favorably except Calvin Moore, who died with suppression and black vomit.

"After the death of this boy, Mary Moore, colored, who had been cooking for the Moore family, left and went to the house of her stepfather, Dave Rogers, where she was taken sick September 1st, and died on the 3d with suppression and black vomit. Before she was attacked she visited the Davenport family; went to church with them Sunday, August 31st. The Davenports lived only a short distance from the Rogers family, the two families using the same well; the children constantly together at play. September 5th, Byrd Davenport, colored, aged five, was taken sick. The child has well-marked yellow fever, but will probably recover. The Davenports are using bedding on which fever patients died last year. September 1st, Mrs. Houck was taken sick and had well-marked yellow fever. The attack was followed by abscesses, from which she is now suffering. September 2d, Mr. Houck was taken, dying in forty hours, with suppression and black vomit. On the evening of the 2d, Willie Houck was taken down; the boy is still sick. September 3d, Miss Ella Houck was taken, and died September 8th with black vomit. Henry Houck was taken at 3 A.M., September 4th. James Houck at 6 A.M. of the same day. Henry is still sick; James died on the night of the 7th instant with suppression and black vomit. The Houck family lived about 250 yards from the Moores.

The children were constantly together, and James Houck was seen playing with the grandchild of Mr. Moore, who was taken sick on the 19th and sent back to the city next day.

"The Hardison family, colored, lived about 250 yards from Mr. Moore's house. Was there often, his children and the Moore children coming together daily. August 29th, William Hardison, aged fourteen, colored, was taken. August 31st his father and sister Dora were taken down. All these recovered. August 31st, Miss Jennie Foster, aged twenty, living on the Pigeon Roost Road, about one and a half miles from Buntyn, was taken sick and died in the forenoon of September 5th. She had involuntary discharges from the bowels for two days previous to death. August 24th, Mr. Joe Pimm, from this city, visited Miss Foster, spending the evening with her. He had the fever on him at the time; returned to the city and died a few days later. August 28th the Houck family received a package of cotton goods from Memphis, opened it the same day, cut out and commenced making dresses. Miss Jennie Foster was present and assisted in making the same. Miss Foster's brother and brother-in-law came to the city daily."—*Nat. Bd. of Health Bulletin.*

ABOUT THOSE PLANKS.

EDITOR OF THE HAHNEMANNIAN:

My honored colleague and friend, Professor Farrington, is anxious lest that "platform" of mine, respecting high potencies (see August HAHNEMANNIAN), might break down and hurt somebody, and is particularly solicitous for the safety of Dr. Potter, of Milwaukee.

My first plank is inscribed as follows: "The doctrine of 'dynamization,' as understood by high potency homeopaths, is not sustained, or even encouraged, by a single fact yet discovered in the whole range of physical science." Now this plank, Dr. Farrington says, "is not true." Why, then, doesn't he just mention the "fact" which "sustains the doctrine?" It would hurt Dr. Potter and the rest of us just as much to explode in ignorance as to be crushed under a broken platform. The doctor, however, asks if the theory of dynamization is at all affected, even though physical science does not sustain it? The answer to that question is very simple: "Dynamization,

as understood by high potency homœopathists," is a physical process. Its defenders apply it to all classes of drugs, animal, vegetable, and mineral. Now, physical science asserts emphatically that it is not possible to separate the color, taste, solubility, toxic property, chemical affinity, or other quality from a substance and transfer it to another substance. So, when Dr. Farrington proposes to so separate and transfer the *therapeutic* property of a drug to the vehicle in which it is diluted, NATURE rises up in her majesty, and, pointing to the LAWS she has engraven upon all matter, defies the utmost of human power to set one of them aside. *That's* what physical science has to do with "dynamization, as understood by high potency homœopathists."

Dr. Farrington intimates that I favored a resort to high potencies in case the lower ones should fail, and that such a recommendation is inconsistent with my later statements that high potencies must, for the present, stand beside other occult agencies, clairvoyance, mesmerism, and the like. Now, if the doctor will look again at the plank (No. 5), he will see that he has not quoted me correctly. What I did say was, that the higher potencies should not be resorted to *first*, and there I left the matter to the judgment and conscience of my readers.

But Dr. Farrington *is* right in one of his statements, viz.: that Dr. Dudley has "cured cases with high potencies." Yes, "that is so." "When I was young and charming," I made an experimental test of the 30ths in the Philadelphia College Dispensary. I must have treated some 500 cases or more, and I distinctly remember that one of them got well. The grateful fellow wanted to puff me in the newspapers for it, and, fool that I was, I wouldn't let him. You see I didn't dream that it was to be my only chance with those wonderful 30ths. Dr. Farrington will, of course, say that my failures prove nothing, and that those 499 did not get the right remedy. No, *I don't believe they did*. And the more I think about it, the stronger grows the conviction that the other fellow didn't either. Still, I place it on record as "another triumph for the high potencies." I used high potencies for awhile afterwards (the 12th and 30th were high then), but my success was not so encouraging, and so I abandoned them.

Yours truly,

PEMBERTON DUDLEY, M.D.

THE
H A H N E M A N N I A N
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WM. H. WINSLOW, PH.D., M.D.,
EDITOR.

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Editorial Department.

ORGANIZATION is recognized by all trades and professions, by the humble laborer, the skilled artisan, and the scientific professional, as necessary to increase their influence and to protect their pecuniary interests. Through compact and harmonious union, tyranny is thwarted, labor receives its reward, legislation is controlled, and national progress insured.

Medical men have found it necessary, for the above reasons, to establish county, state, and national societies, and we find them in both schools of medicine, in all parts of our broad country, exercising a powerful influence for the mental and material improvement of the individual, and the general good of the schools.

When we notice the unflagging energy, the fruitful labor, the compact organization of old-school societies and the influence which they exercise over public affairs, we are led to contrast them with our own, and fears arise that we may lose our vantage-ground by slothful and sleepy sentinels. Our school has enough societies, but in some quarters they are not properly supported. Busy, perhaps overrun with work, some physicians easily satisfy their consciences, and stay away from the monthly or annual gathering, leaving to a few men the labor and burdens of the day. The few silver eagles piled in the drawer, or chinking in the pocket, seem more real gain than two or three days spent listening to papers and exchange-

ing thoughts with other practitioners; but the bank of nature has been robbed of needed recreation and mental pabulum, and traces of the theft may be seen in lessened resistance to disorders, and deeper wrinkles upon the front. You gentlemen can not afford this, and, aside from personal preferences, the school can not afford it, for unless efficient organizations are maintained, we shall become an insignificant sect in medicine, with no influence upon anybody.

THE annual meeting of the Homœopathic Medical Society of the State of Pennsylvania was very poorly attended, owing to a variety of circumstances. Season, arrangements, access, and location were everything that could be desired, but the inclination of many of the physicians throughout the State was lacking, and though everything was ready for their refreshment, the old adage was verified: "You may take a horse to water but you can't make him drink."

A torpor, a discontent, a disgust, rested in the minds of the profession at large, and bred indifference and often indignation, and the cause may be summed up in two words,—no *Transactions*! The very thing which has produced such widespread dissatisfaction amongst the members of the American Institute of Homœopathy has operated to disharmonize, nay, almost to disorganize, our State society.

No *Transactions* have been issued in this State since 1873. The papers and minutes of the meetings for the years '74, '75, '76, '77, and '78 have been accumulating—were not issued—because there was not money enough in the treasurer's hands to pay for them. This is a pitiful thing to confess. The fact that the great Keystone State of the Union, as well as of Homœopathy, should be thus behind ought to bring a blush to the cheeks of every physician within her boundaries. It pains us to mention it, but the time has come for plain facts, that we may help to rescue our organization from disruption.

In looking over the *Transactions* previous to '74, we find important and valuable work done by Pennsylvania doctors, and it is fair to suppose that the proceedings since then are as good in quality, though lessened in quantity. Year by year the proceedings accumulated, but the money in hand never warranted their issue until the meeting of 1877, when the funds were found sufficient to go on with the work, and a publication committee was appointed.

The meeting of '78 came,—excuses, not *Transactions*, were presented,—and the proceedings were added to the parturient mountain. The meeting of '79 came, and, *in absentia*, a plausible report was received from the chairman of the Publication Committee, but no *Transactions* were forthcoming, and the document even advised the addition of the proceedings of '79 to the sinking fund of those already musty.

The discussion upon this report developed the fact that members of the committee were entirely powerless to advance the work intrusted to them, because of a private understanding between the chairman and the printers, to whom part of the manuscript had been delivered. The printers refused satisfaction to other members of the committee, and so strong was the indignation of one of them, that he stated at the last meeting that "the proceedings were out of the hands of the committee and in the hands of the chairman." Is it any wonder that with such mismanagement the Society is dwindling? If members stay away can they hope for reform? It is essential that the proceedings be issued within three or four months after the meeting in order to have them useful and valuable. To this end it is incumbent upon every homœopathic physician in the State to join the Society, to pay his dues promptly, and to attend the meetings regularly.

Just before our meeting at the Mountain House there had been a meeting of three old-school societies from midland counties of the State, which numbered about two hundred. The fashionable flitters at Cresson noticed their numbers, because incommoded somewhat by their presence.

It had been sounded through the journals that the State Homœopathic Society was to meet September 2d, and curiosity was alive at the Springs to see the representatives of homœopathy.

They came, *two dozen* stalwart men; they did not discommodate anybody!

It will take a great deal of fine talk to convince the intelligent and refined people who saw our Society on the mountains that homœopathy is marching on triumphantly. The influence of the cause will be diminished in many a locality by the poor showing of numbers, and the stay-at-homes are to blame for it all.

MEDICAL DISPENSARIES ARE A NECESSITY.—Our cities contain so many needy poor that organized charities of many

kinds, in charge of our noblest people, men and women, are necessary to meet the wants of this class. There are diet dispensaries, where the sick poor can obtain, according to their needs, suitable and nourishing food. There are clothing dispensaries, where warm coverings are provided for sufferers who otherwise would more painfully feel our bitter winters. Most of the wants of what are known as "our poorer classes" have been met with a corresponding organized charity. The power of the medical dispensary for good work cannot be overlooked.

It brings aid and comfort to the sick; such assistance as is furnished by no other charity. To be sick is to claim and to deserve the sympathy of mankind; to be sick and poor is a double affliction, and to relieve this unfortunate portion of our people is a most noble work. This charity must, in a certain sense, be confined, as to organizers and laborers, to the members of our profession. To give a half-frozen man a warm coat is what almost any of us can do, if the inclination is not wanting; to feed a hungry man needs but the will and a loaf of bread; to substantially aid a sick poor person we must cure him, and, hence, recourse must be had to medical skill. Medical skill must, therefore, do the actual work of a medical dispensary; and since the proportion of people in this profession is small compared with that of the number of poor needing medicine, the labor which the managers of a dispensary take upon themselves is severe. The community can aid the managers in numberless ways, which a little thought will suggest.

There is no better illustration of what a dispensary can do than is afforded by a glance at the report of the work done by "The Women and Children's Free Medical and Surgical Dispensary," of Cleveland, Ohio. The absolute need of such an institution suggested to the women doctors of Cleveland that they could meet this want.

In January, 1878, the above-named institution was organized, the officers, the dispensary staff, the surgeon, and the physician were chosen.

The staff of physicians, consisting of six competent ladies, treated during the first year 1175 patients; this, while their labors are restricted to women and children. They devote one afternoon during the week to surgical cases, which are treated by one of Cleveland's most successful surgeons. The organization has been working now for nearly two years; treats about 700 patients a month. The good accomplished cannot be reckoned merely by the number of persons who receive

medicine; many poor people are cured, and, through the aid of the doctors, obtain work. One poor patient reports another, helplessly sick, who immediately receives daily medical attendance from the dispensary.

Another mission of the medical dispensary is, as a teacher of students. Dispensaries furnish to the appropriate chairs in the college such subjects for clinical work as they have. A dispensary should belong to every college. The clinical advantages of a college are greatly increased by the dispensary; the opportunities for students to improve themselves by observation and experience is thus furnished. It is needless to speak of the value of actual practice in what one is theorizing about. A dispensary, properly allied to a medical college, is its chief assistant and ornament; they belong together.

WE are sorry to chronicle the decease of Dr. CHARLES J. HEMPLE, on September 24th, at the age of 68 years. He was a man of poetic cast of mind, and remarkably industrious as an author and translator of Homœopathic literature. Many were the friends he reckoned, and his death will cause profound sorrow in many hearts.

We shall be pleased to give a sketch of his life if some one who knows the facts will favor us with them soon.

THE "automatic tension" is an attachment of a sewing-machine, which was *loudly* advertised at the great Centennial Exposition.

WE understand Dr. Allen has abandoned the "Test" printed in "Gleanings."

Book Department.

We Dissert Books, not Authors.

THE ENCYCLOPEDIA OF PURE MATERIA MEDICA: A RECORD OF THE POSITIVE EFFECTS OF DRUGS UPON THE HEALTHY HUMAN ORGANISM. Edited by TIMOTHY F. ALLEN, A.M., M.D., Professor of Materia Medica in the New York Homœopathic Medical College; Corresponding Member of the British Homœopathic Medical Society; Honorary Member of the Homœopathic Medical Society of France. With Contributions from Dr. Richard Hughes, of England; Dr. C. Hering, of Philadelphia; Dr. Carroll Dunham, of New York; Dr. Ad. Lippe, of Philadelphia, and others. Octavo; pp. 658; cloth, half morocco, and calf; Volume X; price \$60 to \$100 for the whole set, according to binding. Published by Boericke & Tafel, New York and Philadelphia, 1879.

It will gladden the hearts of the whole profession to know that the great *Encyclopedia* is finished, and that the publishers are able to furnish all the volumes of the series immediately, notwithstanding the destruction by fire of the second, fourth, and almost all of the ninth volumes. The profession must remember the expense of this publication is enormous, the number of copies limited, and the probability of no new edition for many years; hence those who desire the volumes now complete must order them early before the supply gives out. It would be cause for eternal sorrow should any practicing physician be obliged from dilatoriness to do without these books, which embody all the treasures of our symptomatology. As this work contains symptoms not within reach elsewhere, so it is probable that it embraces facts which, seized by the physician and applied in his practice, may lead many a languishing sufferer back into the pleasant paths of health and hope. Volume X contains medicines from *Tilia* to *Zizia*, and all the additions to the previous ones which have accumulated since their publication. The first part includes such old friends as *Urtica urens*, *Ustilago*, *Uva ursi*, *Valeriana*, *Veratrum*, *Zincum*, *Zingiber*, the Wildbad and Wiesbaden spring waters, and other medicines of lesser note. The Supplement is very full, and has large additions to many of our most important and useful remedies. We are glad to see an excellent sketch of *Duboisia*. We confess to being overwhelmed, stunned, as

it were, when we first approached this great aggregation of physiological provings, but frequent reference to its pages have diminished this disturbance, and the more we have sought for peculiar symptoms in its pages the more our wonder has increased at the richness of the treasure-house and the stupendous work that has been accomplished.

Now, to make this more valuable, we are to have a *Repertory*, which Dr. Allen has already under way. He says: "The whole *Encyclopedia* has been indexed, seven physicians helping, each taking one volume. The slips have been cut and distributed alphabetically. We are now about commencing the great task of condensation and writing out for the press; about five or six months will be required for this work.

"A reference is made not only to the drug but also to the *number of symptoms* to be consulted, so that the work will resemble a concordance."

The Imponderabilia will not be included in the *Encyclopedia*, and the editor gives the following reasons:

"1st. The provings we now possess are not reliable; 2d. They would be of no value to the profession; 3d. The tenth volume is full to overflowing without them."

Dr. Allen certainly deserves the crown of laurel for the immense amount of labor he has done for homœopathy.

CONDENSED MATERIA MEDICA. By C. HERING, M.D., etc. Second edition; pp. 900; on fine, heavy paper; 8vo.; half morocco; price \$7. Published by Boericke & Tafel, New York and Philadelphia, 1879.

If one be dissatisfied with the handbooks, keynote books, characteristic materia medicas, and the ancient gatherings of Lippe and Jahr, he may here find rest. If one be oppressed, confused, distressed, and disgusted at the mazes of symptoms and conflicting pictures of morbid conditions found in a Gross or Allen, he may dismiss his carking cares, and open the covers of this beautiful book in confidence that he will therein find the best practical presentation of symptomatology in homœopathic literature.

The matter of the old edition has been more condensed and carefully revised. We notice that some fanciful, not to say ridiculous, symptoms have been expunged, and the text gives clearer pictures of morbid conditions for the change. Quite a number of medicines have been added to the list, which greatly increases the value of the book, and, owing to the shrinkage in the old lists of symptoms, do not much increase its size. It

is well bound, clearly printed, and excellent in its entirety, and must have a large sale, because it embraces the treasures of many, the faults of few other *materia medicas*. Go where you will and *Hering's Condensed* is the work in constant use. In a wide range of professional acquaintances we only know one physician who has not the book upon his desk, and he—well he has no practice.

Dr. Hering deserves the thanks of the profession for reducing to a minimum the drudgery of symptom-hunting by giving us this truly valuable work.

LECTURES ON CLINICAL MEDICINE, DELIVERED IN THE HOSPITAL SAINT-JACQUES OF PARIS. By M. LE DR. P. JOUSSET, Physician to the Hospital Saint-Jacques of Paris; Professor of Pathology and Clinical Medicine; formerly an Interne Laureate of the Hospitals of Paris; editor of *L'Art Medical*; Honorary Member of the American Institute of Homœopathy, etc.

Translated with copious notes and additions by R. Ludlam, M.D., Professor of the Medical and Surgical Diseases of Women and of Clinical Midwifery in the Hahnemann Medical College and Hospital of Chicago; author of *Clinical Lectures on the Diseases of Women*, and *Clinical Lectures on Diphtheria*; Member of the State Board of Health of Illinois. A 16mo.; pp. 512; on fine 60-pound white paper; cloth and morocco binding. Price: cloth, \$4.50; morocco, \$5.50. Published by S. C. Griggs & Co., Chicago, Ill., 1880.

Only a few weeks ago we chronicled the publication of another edition of Prof. Ludlam's book on *Diseases of Women*, and a little later its translation into French. The compliment so gracefully paid him and American homœopathy by the countrymen of Lafayette, Dr. Ludlam now returns by presenting to English readers, the lectures of one of the most distinguished French homœopathic physicians, explained, illustrated, and adapted to American circumstances by copious and able additions from his own ready pen.

The work presents the latest pathological data, the most practical method of treating disease homœopathically, and a critical analysis of each case related. It is eminently practical and demands the use of well-proved remedies.

The author discusses from a practical standpoint the questions of alternation, attenuation, dose and repetition, and of

individualization and aggravation. The subjects embraced in these lectures include asthma, emphysema, rheumatic endocarditis, articular rheumatism, bronchitis, pneumonia, croup, diphtheria, typhoid fever, nephritis, albuminuria, hæmoptysis, hæmorrhoids, chronic gastritis, serofulous ophthalmia, hydrarthrosis, pelvic peritonitis, vaginismus, menorrhagia, etc.

The practitioner may here find cases analogous to puzzlers which occur in his own practice, and cannot fail to be benefited by their perusal.

In one case mentioned, for instance, there was menorrhagia accompanied by a quotidian type of intermittent fever. *Tarentula* 3^x was given, and in three days the fever was cured. *Hamamelis* was then given for the menorrhagia.

A patient had amyloid degeneration of the liver with pleuritic cough and œdema of the legs. *Phos.* 3^x *trit.* cured the cough. The œdema and a rapidly accumulating ascites were treated with *Apis* 2d and 3d *trit.* and *Iod.* 3d *trit.*, but with little effect. Tapping was resorted to several times, and *Ars.* 3d *trit.*, then *Prunos* *spin.*, and later *China* 6th *trit.* were given, when the patient began to improve, and continued in a satisfactory condition at date of report. One of the most original and interesting of all these lectures is that upon chronic aortitis, which is illustrated by five cases. We copy the following from page 119 :

"Let us return to the physical signs which permit us to make a precise diagnosis in chronic aortitis:

"1st. There is often a substernal pain, that is increased by pressure upon the first joint of the sternum, and also in the neighboring intercostal spaces.

"2d. There is, but not always, a dull sound on percussion over the aorta, which dullness predominates habitually on the right side of the sternum, between the right border of this bone and the sterno-clavicular articulation.

"3d. In the onset, the aortic sounds have seemed to us to be more distinct; later they became dull; and sometimes there was a veritable *bruit de souffle*.

"4th. The pulse is generally small and feeble, but it may be irregular, as it was in the case of Madame Broq, but on examination with the sphygmograph it always shows the feature which Marey attributes to senile atheroma. This symptom has never failed us. We shall show you several drawings in which it may be seen.

"Finally, the superficial arteries are often ossified, and some patients present the senile circle of the cornea."

The author places proper emphasis upon clinical experience at the end of Lecture XIII, and his remarks are so pertinent that we append the following :

"Clinical experience confirms or weakens the appropriateness of the choice made by the law of similars; it *proves* that the cure has been well or

badly made. Clinical experience decides upon the value of the indications, and eliminates the remedies that are unreliable. It declares the worth of remedies in a given case authoritatively. Thus *Veratrum*, *Tartar emetic*, *Aconite*, and *Colchicum* are indicated for the symptoms of confirmed cholera, but experience has long ago proved the superiority of *Veratrum*. The spasmodic cough in phthisis, with the vomiting of food, demands *Drosera*, *Hepar sulphur*, *Silicea*, etc., but clinical experience has placed *Drosera* at the head of the remedies indicated in such cases.

"Lastly, clinical experience eliminates those remedies whose action is uncertain, and their number is very great. How many of these remedies appear with a pathogeny that is more or less complete, and with promises, according to the law of similars, of brilliant success, and how many return to the obscurity in which they should have been permitted to rest. Who of us has forgotten the marvellous effects promised from *Glonoin* in headaches, or from *Gelsemium*, which was to cure meningitis, or from *Thalium*, a specific for the affections of the spinal marrow, and of many others which cumber the pages of our periodicals and the shelves of our pharmacies?"

"The laborious researches of our brethren produce new provings without end; the clinic takes possession of these new agents, and, rejecting such as are worthless, it retains with gratitude such as *Sanguinaria*, *Apis mellifica*, *Actea racemosa*, and numerous others that are of the greatest service to us every day. It is, finally, the law of similars which indicates to the physician the proper remedies in the treatment of disease, but it is clinical experience which stamps the real value of those remedies."

The translation has preserved the easy and graceful diction of the language of European diplomacy, and the additions by Prof. Ludlam, of explanatory notes and clinical illustrations from his own large experience, enhance the value of one of the best books that has ever been presented to American readers.

The publishers deserve great praise for the beautiful typography and really elegant execution of the work, which rivals in the *tout ensemble* anything medical issued in the East.

It is not always one can speak in honest and hearty commendation of our new medical publications, but of books such as these Lectures we may be proud, and can never have too many of them in our libraries.

For sale by all our pharmacies and by the publishers.

THE HOMOEOPATHIC WORLD.

Dr. E. B. Shulldham retires from the editorship, and Dr. J. C. Burnett, the author of a monograph on *Natrum Muriaticum*, and one on *Gold as a Remedy in Diseases*, takes the editorial chair. Dr. Burnett is a pleasant and scholarly writer, and we expect he will make our old favorite a lively, instructive journal. We wish he would begin by taking Hahnemann's tombstone off the cover; we don't like such solemn reminders, especially as he lives in the hearts of his many disciples.

THE STUDENT'S GUIDE TO THE DISEASES OF WOMEN. By ALFRED LEWIS GALABIN, M.A., M.D., F.R.C.P., Assistant Obstetric Physician to Guy's Hospital, etc. 12mo., pp. 370, cloth. Published by Lindsay & Blakiston, Philadelphia, 1879.

This is the title of a neat, substantial-looking book, gotten up in the usual excellent style of these well-known publishers, well bound, good paper, and unexceptionable typography. The author professes to have written his book as a guide to students. Verily we believe we know many who are supposed to have passed their student days who would profit by its perusal.

In the twelve chapters into which the subject has been divided, the author treats of physical diagnosis, including the method of making bimanual examinations; the use of specula, tents, and other similar appliances; the introduction of the sound, and what to do with it when it is introduced; version and flexion in their different degrees, and the peculiar pessaries suited to each condition, are illustrated; diseases of the vagina, vulva, and Fallopian tubes; malformations of the uterus and vagina; acute and chronic metritis and cervical endometritis; uterine tumors, from polypi to cancer; and ovarian diseases, including tumors. In the latter instance the author has departed from his plan of leaving out such operations as are usually figured and described in works on general surgery, and here gives the methods of performing ovariectomy, introduced especially to show the value of the antiseptic method.

Each subject treated of is divided into five heads: causation, pathological anatomy, results and symptoms, diagnosis, and treatment. As we have said, the work is one that will be useful to the practitioner as well as the student. The author has had good opportunities for observation, and the treatment in all the departments of his subject has been brought down to date.

The illustrations, sixty-three in number, are new, and fully represent the subject under consideration.—R. E. C.

THE EIGHTH ANNUAL REPORT OF THE STATE HOMEO-PATHIC ASYLUM FOR THE INSANE, at Middletown, N. Y., shows excellent results in treatment, and admirable management generally.

THE PATHOLOGY AND TREATMENT OF HEREDITARY SYPHILIS is the title of a neat and able monograph by H. C.

Jessen, M.D., Chicago, Ills. It deserves a careful perusal, and should have a wide circulation.

THE EPIDEMIC OF 1878 AND ITS HOMŒOPATHIC TREATMENT. BY ERNEST HARDENSTEIN and A. O. HARDENSTEIN, M.D., Vicksburg, Miss.

This pamphlet, of 105 pages, contains many valuable statistics, much historical matter, and a treatise upon yellow fever, with the reports of all the commissions. It is very instructive, and ought to be in the hands of every practitioner of medicine. Price 50 cents.

SUMMER AND ITS DISEASES. By J. C. WILSON, M.D., Philadelphia, Lecturer on Physical Diagnosis in Jefferson Medical College, etc. Monograph, pp. 160. Cloth. Published by Lindsay & Blakiston, 25 South Sixth Street, Philadelphia, 1879. Price, 50 cents.

This is another one of the pretty series of American Health Primers of which we have written before. It treats of "The Summer," "Sunstroke and Heat Fever," "Summer Diarrhœa and Dysentery," "Cholera Infantum," "Summer and Autumnal Fevers," "Summer Colds and Hay Asthma," and "The Skin in Summer and its Maladies."

These subjects are treated in an interesting manner, and a great deal of information of use to the people is comprised between the brown covers of this book. The author abandons shop talk for the nonce and here and there lets fancy free. For instance, on page twenty-eight: "I have often thought that the mountains are more attractive to those who are no longer young, because of the *fixedness* of their scenery, which tells of struggles that are past, of tumults and throes that have ended in sublime repose; and which, in the grandeur of its sweeping lines and vertical tendency, and in its heavenward pointing peaks, suggests aspirations that are not of earth." This little book will be appreciated by many readers.

THE TREATMENT OF EPITHELIOMA OF THE CERVIX UTERI is the title of a forty-page pamphlet by Dr. J. Marion Sims, of New York city, which, coming from so eminent a specialist, should be read by all.

Cleanings.

ANOTHER TEST.—AMERICAN INSTITUTE OF HOMOEOPATHY, BUREAU OF MATERIA MEDICA.—Experiments designed to Prove the Presence of Drug-power in the 30th Centesimal Potencies.—The following series of crucial experiments have been undertaken, partly in acceptance of a virtual challenge given at the late meeting of the Institute, but more especially to demonstrate the presence of drug-power in dilutions far beyond the generally-accepted limits of the divisibility of matter.

Dr. Henry D. Paine, of New York, and Dr. Small, of Chicago, have consented to keep the records of the various tests.

I propose to make three series of experiments, each to consist of a number of observations.

THE FIRST SERIES, "X," will be conducted as follows: A number of drugs will be prepared in the 30th centesimal dilution, on the decimal scale by Messrs. Boericke & Tafel, each decimal dilution receiving one hundred succussions. These will be deposited with Dr. Paine, who will prepare ten vials, nine of which shall contain Alcohol and one *a drug of my choosing*. Dr. Paine will then number the vials, make a record of the vial containing the drug (the number of which shall not be known by me), and seal the record, superscribing it "Experiment 'X' of Dr. Allen."

I purpose to determine, through provings and verifications, the vial containing the drug.

SECOND SERIES, "XX."—From the drugs prepared as above and deposited with Dr. Paine I will select ten, from these *Dr. Paine will select one*, make a record as before, marking it "Experiment 'XX' of Dr. Allen."

This drug I propose to name.

THIRD SERIES.—The experiments in this series will be made with *two* vials, only one of which shall contain a drug, *chosen by me*. Dr. Paine will keep a record as before of the vial containing the drug. It is to be shown which of the two vials contains the drug. In this way a number of drugs will be tested.

These last experiments avoid the serious difficulty of applying in practice a test of ten vials, nine of which contain nothing.

The undersigned begs the co-operation of those interested in establishing exact methods in medical science.

T. F. ALLEN, M.D.,

10 E. 36th Street, New York City.

August 18th, 1879.

List of Medicines.—Apis mellifica, Rhus toxicod., Belladonna, Pulsatilla, Bryonia alba, Digitalis, Arsenicum alb., Sulphur, Lachesis, Dulcamara, Lycopodium, Phosphorus, Nux vomica.

THE SECRETIONS OF THE INTESTINAL CANAL.—Dr. Bernard Oxmant (*Centralblatt f. d. Med. Wissenschaften*, February 15th, 1879) says he accidentally had an opportunity to study the secreting and the action of the intestinal secretion in a patient, in whom, in consequence of an unsuccessful operation of herniotomy, a complete fistula in the lower portion of the intestines remained. The in-

testine was separated, one part communicating with the stomach ; the other, which secreted clear liquid, terminated at the anus. The secretion from this lower part was carefully gathered, and various experiments were made with the following results : 1. The secretion of the human intestinal canal is a thin, light-colored liquid, of a strong alkaline reaction. 2. It is generally insignificant ; during digestion the secretion is more abundant than usual ; during the night hardly any secretion takes place. Cathartics, for instance, Carlsbad salts, have very little influence over the quantity, consistency, or digestive qualities of the secretion. 3. It contains no peptonic ferment, and is altogether indifferent in the presence of protein substances (raw and boiled fibrin, boiled albumen, casein, vegetable fibrin, and legumin). 4. Amylum, by the action of the intestinal secretions, is converted into grape sugar. 5. Cane-sugar is also converted into grape-sugar. Inulin, which was recommended for diabetic patients instead of bread, is not transformed into grape-sugar. 6. Fats which contain free fatty acids, are emulsified, while the neutral fats are not affected.—C. P. S.

THE BLATTA ORIENTALIS.—The blatta orientalis, or common cockroach, is a popular remedy in Russia. The researches of Bogomolow have given the following results from its employment. The quantity of urine is increased, the quantity of albumen diminished, œdema and ascites disappear, the weight of the body diminishes, the perspiration is generally increased, digestion is not impaired, the kidneys are not irritated. The dose employed was four and a half grains of the powder obtained from the dried insect. These results were confirmed by Unterberger, who employed the drug with great success in scarlatinal albuminuria. M. Koehler has also employed it in thirteen cases of dropsy of various origins. His results were sufficiently conclusive, and show that the blatta orientalis really possesses remarkable diuretic powers. Its most interesting action, however, is its power to cause a rapid disappearance of the albumen from the urine. Hence it is not a simple diuretic, and its true field of action should be sought in Bright's disease. It seems to be entirely innocuous.—*Ecc.*

TO THE MIDDLETOWN ASYLUM, NEW YORK.—

AUTOMATIC TENSION.

By Permission from the Note Book of a Lunatic.

As I was walking through the Fair,
'Mong many things well worth attention,
I saw a placard, high in air,
And on it "Automatic Tension."

And 'neath it needlework, which vied
In fineness with the lace Valenciennes,
To which in crowds the ladies hied
As to a Woman's Rights' Convention.

A fair-haired maid was standing near,
With eyes as blue as any gentian,
And soft I whispered in her ear,
"What is this 'Automatic Tension'?"

She blushed and smiled, then sweetly said
 (With just a touch of condescension),
 "It is a—well, in short 'tis said
To be a marvellous invention."

I checked an old man passing by ;
 Said I, "Pray pardon the detention,—
 But—will you kindly tell me why
 This is so wondrous an invention?"

But he replied, almost in rage,
 "This has received award and mention ;
 It is the wonder of the age,
It is the 'Automatic Tension !'"

And left, as wishing to avoid
 All danger of a long contention,
 With one so seemingly devoid
 Of ordinary comprehension.

The catalogue I next essayed,
 Then asked a soldier with a pension ;
 Then, one whose classic nose betrayed
 A knowledge of the Greek declension.

But some would smile and others frown,
 Till one (with, doubtless, good intention),
 In florid phrase said 'twas "*the crown*
Of all mechanical invention."

Then reason fled my maddened brain ;
 I knew not fear of reprehension,
 But loud and long, with might and main,
 I shouted "AUTOMATIC TENSION !"

Again, again, my cry rang out,
 Till strangers, filled with apprehension,
 Came hurrying round me, as the shout
 The echoes woke in its ascension.

They seized me, and they bound me fast,
 E'en gagged me as a sure prevention,
 I struggled not, but to the last
 I gurgled "Automatic Tension."

And now within this madman's cell,
 Four stories high, with an extension,
 I ask with maniacal yell,
 "What is the '*Automatic Tension*'?"

—Scribner.

CHEMISTRY OF AN ORANGE.—A medium-sized Florida orange afforded upon analysis the following results :

The skin weighed 57.5 grams, which is 23.33 per cent.

“ seeds “ 7.0 “ “ 2.84 “

“ pulp “ 182.0 “ “ 73.83 “

The *skin* contained in 100 parts :

Water and volatile oil, 78.00

Organic matter, 21.36

Ash,64

The *seeds* contained in 100 parts :

Water, 50.00

Organic matter, 48.64

Ash, 1.36

The *pulp* contained in 100 parts :

Water, 90.99

Organic matter, 8.68

Ash,33

The pulp contained in 100 parts, 4.3 grape-sugar, 4.2 cane-sugar, 1.0 free acid.

The free acid consisted of about equal parts of malic and citric acid.

The ash constituents of the orange were as follows :

Potash, 38.7

Soda, 7.6

Lime, 23.0

Magnesia, 6.5

Ferrie phosphate, 1.7

Sulphur, 2.9

Silica, 5.2

Phosphoric acid, 14.4

From these results it is seen that the orange is not a very great robber of the soil ; indeed, it would appear that the growth of fruit depends so slightly upon important inorganic constituents, that fertilization in good soils is hardly necessary. The food most largely drawn upon for the formation of skin, pulp, and seeds is potash, and next come lime and phosphoric acid.—*Exc.*

A PLAGUE OF DOCTORS.—The *Medical Students' Register* for 1879 gives the statistics of registration of medical students throughout the United Kingdom since 1865. In that year a total of 582 students were registered in England, Scotland, and Ireland. In 1878 the total was 1734. This rate of progress is satisfactory for the professors, but the public may look at it from a double point of view. These 1734 doctors, when fledged, must live, or at least they will fancy that they see the necessity themselves, and to insure this condition they will have to import or invent a variety of new diseases. Fortunately for them, the delicate construction of the human body, the suppleness of the Greek language, and, best of all, the nervous fantasies of would-be patients are capable of indefinite extension.

Two medical students in London have, during the past few days, committed suicide through nervous excitement consequent upon excessive study in preparing for examinations. One of the deceased was a son of the well-known Birmingham surgeon, Mr. Oliver Pemberton, and was a St. Bartholomew's student; the other was Mr. Attwood, a St. Thomas' student. Much sympathy has been drawn forth for the friends of the deceased by these melancholy occurrences.—*Exc.*

GALLIUM.—Lecoq de Boisbaudran and E. Jungfleisch have published in *Comptes Rendus* some more notes on their examination of the properties of this new-discovered and curious element. The metal crystallizes in octahedra with the summits of the pyramid cut off by a plane, in some cases truncated so as to give the crystals a tabular form. The metal is hard and only to a small degree malleable, although thin plates may be bent backwards and forwards many times without breaking.—*Exc.*

MANAGEMENT OF PLACENTA PRÆVIA.—Dr. Bartlett performs the presenting placenta by means of an instrument resembling the thread-shield used by seamstresses, provided with a serrated edge resting upon and extending slightly beyond the nail of the index finger. Close the opening with a finger-point until, with the other hand, a Hobbs dilator—shaped like a truncated cone, with the base upward, and having a diameter, when dilated, as great as that of the hand—is slipped into the perforation. The dilator is then quickly expanded to the size of the perforation, to prevent escape of the liquor amnii; then by gentle hydrostatic pressure the os uteri, and with it the opening in the placenta, is dilated to the size of the hand, slight traction meanwhile upon the staff of the dilator being made to secure the pressure of the placenta against the cervix, and preventing unnecessary detachment and hæmorrhage. Dilatation being complete, as shown by the register of the dilator, tension is diminished by lowering the fountain, the hand is passed up beside the dilator, which is gradually collapsed and withdrawn, the hand taking its place in the cavity of the cervix. The operator then grasps the feet and delivers at once.—*Exc.*

SALIVA AND THE DIGESTION OF STARCH.—Dr. R. M. Smith, in a lecture on experimental physiology at the University of Pennsylvania, showed that the gastric juice only suspended the action of saliva in changing starch to sugar, the action being resumed when the acidity is neutralized by the intestinal juices. He showed also that while caustic alkalies destroy the catalytic action of saliva, the weaker alkalies only suspend it. This proves the rationality of giving these alkalies in acidity of the stomach or mouth. It gives a better chance for the digestion of amylaceous foods.—*Exc.*

A YANKEE BABY will crawl out of his cradle, take a survey of it, invent an improvement, and apply for a patent before he is six months old.—*Exc.*

SILICATE OF SODIUM solution, applied to wood in several coats, and the last one mixed with whiting, will entirely prevent combustion.—*Exc.*

DR. LEBON AT ANTHROPOLOGICAL CONGRESS AT PARIS said : "The best endowed races have the greatest average cranial development, and, in any race, the biggest heads have the most brains, in a figurative as well as literal sense."—*Exc.*

THUNDER AND MILK.—Dr. Malhœrn filled a cylinder with fresh skimmed milk and 100 cubic centimeters of oxygen, and then passed electric sparks through by means of a Ruhmkorff machine for ten minutes. The milk soon coagulated, and precipitated a firm curd.—*Exc.*

CURICA PAPAYA is the name of a melon, which has a juice like pepsin. It aids digestion and coagulates milk.—*Exc.*

CAMPHOR BAROMETER.—Dissolve two parts of Gum camphor, one part of Saltpetre, and one of Sal ammoniac in 100 parts of 95 per cent. Alcohol, and add enough distilled water to precipitate a small portion of the Camphor. Put this in a test-tube, with the upper end drawn out, so as to leave a hole to the inside the size of a pin-head, and you will have an instrument almost as reliable as Old Probabilities.—*Exc.*

READY-MADE POWDERS.—Messrs. Boericke & Tafel are now putting up many triturations in definite sized powders, packed in envelopes or boxes as desired, and furnished at a moderate price. They will prove time-savers to many a busy physician and are already meeting with much favor.

EYE AND EAR NOTES. By Dr. C. H. Vilas, Chicago, Illinois.—The remaining cards of the series are now ready for students, and the sets form an abridged treatise upon ear and eye diseases.

FRANKLIN'S SURGERY.—Professor Franklin has already finished over 100 pages of a second edition of his *Principles of Surgery*, and expects to have the whole completed and published by next autumn. It will comprise a full and complete history, etiology, pathology, and treatment of surgical diseases, and be brought fully up to the times.

BUREAU OF MATERIA MEDICA, PHARMACY, AND PROVINGS, IN THE AMERICAN INSTITUTE OF HOMŒOPATHY.—Special subject to be reported on and discussed at the meeting in Milwaukee, June, 1880 : The limits of drug attenuation and of medicinal power in homœopathic posology. I.—The proofs of drug presence and power in attenuations above the sixth decimal : 1. As furnished by the tests of chemistry ; W. L. Breyfogle, M.D. 2. As furnished by the spectroscope and microscope ; C. Wesselhoëft, M.D., J. Edwards Smith, M.D. 3. As furnished by the tests of physiology ; T. F. Allen, M.D., Lewis Sherman, M.D. 4. As furnished by analogy from the field of impalpable morbid agencies ; J. P. Dake, M.D. II.—The proofs of medicinal presence and efficacy in attenuations above the sixth decimal : 1. As furnished by the tests of clinical experience, in the use of attenuations, ranging from the sixth to the fifteenth decimal ; J. F. Cooper, M.D. 2. As furnished by clinical experience, in the use of attenuations, ranging from the fifteenth to the thirtieth decimal ; A. C. Cowperthwaite, M.D. 3. As fur-

nished by clinical experience, in the use of attenuations above the thirtieth decimal; C. H. Lawton, M.D., H. M. Paine, M.D.

At the last meeting of the Institute this Bureau reported upon the "history, methods and means of drug attenuation," in an exhaustive manner. The reports of the current year, passing from the domain of pharmacy somewhat into that of posology, will complete a work of vast importance for homœopathy.

The Bureau will be pleased to receive items of information and experimental aid from members of the profession, and also from scientific persons outside, who may be interested in any division of our subject.

J. P. DAKE, M.D.,

Chairman.

NASHVILLE, TENN.

ABSTRACT FROM VALEDICTORY ADDRESS OF PROFESSOR PEMBERTON DUDLEY, OF PHILADELPHIA.—After describing the responsibility of a physician at the sick-bed, "where a slight mistake, an error of observation may turn the balance against a human life, a life as precious to some agonized heart as that of his own loved one," he said: "Gentlemen: What are you going to do with a responsibility like that? Will you go in your Christian faith and lay it upon the Lord? I tell you, you can do no such thing! This day, this hour, God is placing this burden upon you; and heavy as it is, He expects you to bear it, and will not allow you to throw it back upon Him; neither will He work out a miracle to compensate for culpable human ignorance, or human laziness. There is but one way in which the conscientious physician can bear up under such a burden (for in no way can he throw it off), and that is, by such constant and thorough preparation for his business as will enable him to know of a surety, that he represents the knowledge and skill of the whole profession, and that it is not in human power or wisdom to do more than he is doing, or to do it better."

GRIFFITHS CLUB OF MICROSCOPY.—A new club for microscopical objects has been organized in Detroit and named in honor of E. H. Griffiths, Esq., an excellent microscopist. Professor J. Edwards Smith, of Cleveland, was present at an informal meeting held recently, and delivered an address upon, "The Use of the Microscope in Testing Objectives." The objective point was an object, which was placed under an objective and proved to be no point at all. Do you see the point? If you don't, send for a Spencer $\frac{1}{16}$ in., 180-.

THE NEW YORK OPHTHALMIC HOSPITAL REPORT for the month ending September 30th, 1879: Number of prescriptions, 3276; number of new patients, 488; number of patients resident in the hospital, 26; average daily attendance, 126; largest daily attendance, 182.

J. H. BUFFUM, M.D.,

Resident Surgeon.

THE HAHNEMANNIAN MONTHLY.

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Original Department.

MICROMETRY OF BLOOD.

BY J. EDWARDS SMITH, M.D.,
CLEVELAND, OHIO.

ANOTHER monograph, *The Application of Photography to Micrometry, with Special Reference to the Micrometry of Blood in Criminal Cases*, by J. J. Woodward, M.D., U.S.A., published by Lippincott & Co., Philadelphia, 1876, lies before us.

This pamphlet of some dozen pages originally made its appearance in the columns of *The Philadelphia Times*, and in its present form has come to be tolerably well known in microscopical circles.

While it must be admitted that Colonel Woodward is entitled to the appreciation of American microscopists for his successful labors to advance the art of micro-photography, the writer feels no delicacy in bringing to the notice of his readers certain points claimed in the work above mentioned by its author, which do not appear to be based on a solid foundation.

In the work referred to, Colonel Woodward presents his method of "photographing the blood-corpuscles of man and other animals, as affording the means of making comparative measurements *more accurately*, and with less expenditure of time, than can be done by any other method."

The plan he proposes is simply as follows : the blood specimen to be photographed is prepared by spreading the same on the surface of a suitable uncovered stage micrometer, and immediately in contact with the ruled lines. The preparation is then fitted with a cover-glass, and is subsequently photographed by aid of an immersion objective giving preferably amplification of about 1000 diameters. Negatives thus obtained will exhibit from 50 to 175 corpuscles, and also the rulings of the micrometer.

The negative thus taken, having been varnished, Colonel Woodward next proceeds to measure thereon each corpuscle, using a scale divided to 100ths of an inch. The sum of all these values, divided by the number of corpuscles measured, gives the average size of the corpuscles as measured on the negative. This average size divided by the magnifying power gives the real average size of the corpuscles.

In the selection of the stage micrometer, as also the scale used for measuring the corpuscles on the negative, Colonel Woodward exerts much care to obtain results as accurate as possible. He, therefore, claims for the method above briefly described, as follows :

“That it requires less time for an equal number of measurements ; it is more accurate than any of the methods heretofore employed for the micrometry of blood-corpuscles ; and negatives containing from 50 to 175 corpuscles each, can be measured in one-tenth the time necessary, if a cobweb micrometer be used.”

The writer cannot accept this statement of Colonel Woodward's, and for the following reasons :

First.—In thus photographing an entire field containing from 50 to 175 corpuscles, very many of them will not be well defined, no matter how close attention is paid to the adjustment of the objective, owing to the usual want of flatness of field.

Second.—Unless the visual and chemical foci of the objective are perfectly coincident (which condition Colonel Woodward elsewhere admits is seldom the case), the images on the negative will not be as sharp as they appear to the eye in the act of adjusting the focus.

(How far these two conditions serve to defeat the accuracy of Colonel Woodward's measurements may be arrived at by consulting the photographic prints issued by Colonel Woodward, in illustration of his favorite method ; in nearly all of these prints many of the corpuscles are badly defined, so much

so, that hardly two persons could possibly arrive at the same results, measuring therefrom. Certain it is, that no expert accustomed to viewing blood-corpuscles under amplifications of 1000 diameters would accept these photographs as a fair representation thereof.)

Third.—The difficulty of controlling the illumination is greatly enhanced in any attempt to photograph an object magnified 1000 diameters; if the amplification be increased to 4000 diameters it is hardly possible to obtain, unless at the greatest sacrifice of time and trouble, a presentable negative; *note this fact.*

Fourth.—Colonel Woodward's negatives being avowedly obtained by the "wet process," and being dried and varnished before the measurements are made therefrom, a source of error is here apparent.

Now, as to the time required by this method as compared with others, I am willing to admit that measuring from 50 negatives exhibiting from 50 to 175 corpuscles, the amplification being 1000 diameters, and not taking into account the trouble attending the maintenance of photographic apparatus and chemicals, that the method requires considerable less time than when a cobweb micrometer is used in the ordinary way, *i. e.* focussing each corpuscle.

But mark this point. Observers there are who insist, and, it is believed, *intelligently* insist, that a power of 1000 diameters is not sufficient to secure the necessary accuracy in arriving at the measurement of blood-corpuscles, nor is a power of 1000 diameters sufficient to enable the observer to differentiate the corpuscles of man from those of the domestic animals, and I have already shown that Colonel Woodward's method does not favor the employment of high magnifying powers. The writer holds himself in readiness to measure 100 blood-corpuscles magnified 4000 diameters by the cobweb micrometer, while Colonel Woodward is measuring 10 by his photographic method.

A few months previous to the publication of this pamphlet of Colonel Woodward's, some little sensation was created in microscopical circles by the advent of an article from the pen of Dr. J. G. Richardson, of Philadelphia, he therein claiming to be able under high amplifications to distinguish the red corpuscles of human blood from those of the *ox*, *sheep*, and *pig*, simply by measuring the various corpuscles by the cobweb micrometer, and comparing these values with the well-known

table of Professor Gulliver. Dr. Richardson found ready and earnest opposition from Dr. Woodward, and an interesting controversy was the result.

At this period the writer was requested by a medical friend to undertake the detection of a specimen of human blood from unknown samples, which were to be furnished from the blood of various domestic animals.

This experiment was accepted, and the conclusions of Dr. Richardson confirmed, from the fact that *two* slides of human blood (contrary to the contract) were promptly detected. The method adopted was as follows :

The covering glasses for all the specimens were selected with great care to insure uniformity of thickness, so that one adjustment only of the objective was required; the amplification employed was nearly 4000 diameters.

In place of measuring the several corpuscles with the cob-web micrometer, and comparing this measurement with Gulliver's tables, as was suggested by Dr. Richardson, an attempt was made to avoid the use of the tables, and thus eliminate, perchance, a condition leading towards error. The plan adopted was to "throw down" on paper, by aid of the camera lucida, the images of the corpuscles, focussing each one separately, measuring each image with a Brown and Sharp micrometer gauge, reading to 1000ths of an inch; in this way about one hundred measurements were obtained from each of the unknown specimens. From these the mean values due to each specimen were obtained.

Subsequently a specimen of *known human blood* was manipulated in precisely the same manner, and this done, it was only necessary to compare the known with the unknown. The measurements of two of the unknown specimens were found to agree closely with those from the known slide of human blood, and were unhesitatingly pronounced to be such.

Now, had the problem been simply to ascertain the measurements of the blood-corpuscles alone, I submit that the above method will give results far more exact than Colonel Woodward's plan by photography; it is, moreover, free from all those objections which are, in their nature, inseparable from the photographic process.

The principal advantages thus secured are :

First.—Amplification of 3000, 4000, or even 5000 diameters.

Second.—Each corpuscle is separately focussed, thus securing

perfect definition, as well as superficial measurements of each corpuscle.

Third.—Avoidance of errors pertaining to non-coincidence of visual and chemical foci.

Fourth.—Ease of manipulations under high powers.

Notwithstanding the above method was published before the advent of Colonel Woodward's pamphlet, he is of the opinion that his plan by photography "is more accurate than any of the methods heretofore employed for the micrometry of blood-corpuscles." Let experts examine and judge for themselves.

In conclusion, I append my own measurements of 150 red-corpuscles of human blood, as taken from the veins of several individuals. These observations were undertaken from a belief that, with the beautiful instrumentation now at the command of the modern microscopist, a degree of accuracy ought to be obtained in advance of the results presented in the tables of Welcker or Gulliver, the former being quoted in Germany as an authority, our English school relying on Professor Gulliver.

The instruments employed by me were:

First.—An American duplex $\frac{1}{10}$ objective (balsam aperture above 100°), a glass of superb definition and showing all the severe "test-objects" by *lamp-light*.

Second.—A superior cobweb micrometer, the value of its wheel divisions being determined by,

Third.—A recent stage micrometer, ruled especially for the author by Professor W. H. Rogers, of Cambridge, Mass. This instrument, in point of accuracy, far excels any stage micrometer the writer has ever examined.

The blood specimens were prepared by spreading the blood by the Dr. Johnston method over the surface of the usual glass slide, covering the same with *selected covers of a uniform thickness*. To prevent undue interference of shadows, the illumination was maintained exactly central. In short, *all* the requirements conducive to accuracy were kept well in mind. The results are, therefore, presented with some degree of confidence. The figures given are denominators of a vulgar fraction, the numerator being unity. The measurements are fractions of the English inch.

The observations now submitted will be followed at no distant day by measurements of blood from various domestic animals.

TABLE I.

MEASUREMENTS OF RED CORPUSCLES OF HUMAN BLOOD.				
1	2	3	4	5
2,888	2,933	2,872	3,326	3,068
3,250	3,055	3,398	3,098	3,511
3,000	2,895	4,025	3,362	3,274
3,321	3,438	2,847	3,362	2,784
3,000	2,973	3,038	3,038	2,858
3,545	3,793	2,724	3,224	2,655
	3,438	3,160	3,472	2,712
3,014	3,143	2,675	3,472	2,981
3,099	3,333	3,362	3,192	3,362
3,492		2,759	2,724	3,258
3,313	3,014	3,434	2,981	3,591
3,313	3,079	3,854	3,068	3,225
2,777	3,492	3,362	2,712	3,009
3,313	3,313	2,724	3,175	2,847
3,333	3,313	2,724	3,257	2,858
3,243	2,944	3,398	3,379	2,953
3,312	3,313	3,762	2,834	3,292
2,914	3,212	4,051	2,752	2,872
	2,865	3,950	3,175	3,098
3,040	3,312	3,160	2,953	2,847
3,127	3,632	2,633	3,274	2,981
3,348	3,531	3,098	2,843	2,784
2,872	2,478	2,981	3,098	2,981
3,234	2,821	2,981	3,009	3,098
3,363	3,068	2,440	3,009	3,511
3,360	3,068	3,274	2,655	2,899
3,160	3,176	3,274	2,926	3,362
3,564	3,009	2,701	2,655	3,274
3,016	3,098	2,899	2,981	3,348
2,772	2,712	3,009	3,068	2,655
3,326	2,912	2,655		
93,309	94,363	97,224	92,074	91,948
Total of column 1,				93,309
“ “ “ 2,				94,363
“ “ “ 3,				97,224
“ “ “ 4,				92,074
“ “ “ 5,				91,948
Grand total,				468,918
Whole number of corpuscles measured is 150.				
468,918 ÷ 150 = 3,126 + English inch, or $\frac{1}{3126}$ of an inch as mean diameter of corpuscles of man.				

In arriving at the mean diameter, it will be noticed that I simply divided the sum total of the various denominators by the number of corpuscles measured; this was the plan pursued by Gulliver and others. As a matter of course the resulting vulgar fraction does not accurately express the mean diameter of the corpuscles. The error alluded to is easily avoided by taking the mean of the micrometer *wheel readings*. In this way the mean diameter may be accurately found, and in the form of a vulgar fraction.

I have thus computed the true mean for the hundred and fifty corpuscles given, and find it to be $\frac{1}{3052}$ of an English inch.

In Table II, I append the *wheel readings* for one hundred corpuscles, being those contained in columns 1, 2, 3, and the first ten in column 4 of the preceding table. In Table II I have grouped the readings into columns of ten each, and have also computed the mean diameter for the corpuscles of the several columns respectively, as will be seen in the recapitulation.

The true mean for the *one hundred* corpuscles I find to be $\frac{1}{3033}$ of an English inch.

It is to be hoped that the arrangement adopted in the preceding table will be found acceptable. My further measurements of bloods from domestic animals will be presented in the same manner.

By referring to the last edition of Flint's *Physiology*, it will be noticed that Professor Flint states that he has measured many red corpuscles of human blood, finding, as he says, a mean diameter of $\frac{1}{3500}$ of an inch; surely this is an error which ought not to go uncorrected.

AMPUTATION OF THE BREAST, WITH TREATMENT AND DRESSINGS.

BY GEORGE A. HALL, M.D.,
CHICAGO, ILL.

(Read before the Western Academy of Medicine, May, 1879.)

MODERN surgery recognizes a number of causes which justify amputation of the breast; briefly they are classified as new formations and the results of suppurative inflammation.

Not intending to elaborate this essay into a critical examination of this entire field, I pass without discussing the etiology and pathology to the operation and methods of dressing.

This operation is the one most frequently performed in the

private practice of a busy surgeon, and not unfrequently is it attempted by the practicing physician. I do not wish to underestimate the gravity of such an operation, but so common the occurrence, and so uniformly small the percentage of loss by death, I doubt if any other one of equal magnitude is so readily and confidently undertaken.

The method of amputating I apprehend varies but little with surgeons. The position of the patient, operator, and assistants are from necessity determined. The operation always varies with the diseased breast.

Non-malignant growths, cysts, chronic abscesses, with discharging sinuses, etc., usually call for the removal of the tissues only that are intimately connected with the abnormal condition. In the malignant varieties all homologues—adjacent tissues—must be removed. In the former cases parts only are extirpated; in the latter the entire breast with such other connecting parts as may be infiltrated or indurated, or where suspicion may point to either present disease or its possible future development.

The incisions should be made with a view not only to remove the diseased parts, but to be most favorable to subsequent healing. When practical two curvilinear incisions should be made circumscribing the diseased parts, in which the long axis corresponds to the longest diameter of the morbid growth, and, if possible, these incisions should follow the muscular fibers of the great pectoral muscle.

The incised margins should be slanting or shelving from without inwards, and downwards to the underlying fascia. Flaps are not infrequently made when partial dissections are necessary; also, if the skin is involved, transverse incisions may be necessitated. The angle of juncture of the elliptical incisions may be prolonged for the removal of the axillary gland if found involved. When the mass is irregular and the size enormous, extirpation, regardless of the course of the muscular fibres or subsequent approximation of the incised surfaces, must be performed.

If the tumor be simple and unsuspicious in character, its removal is easily performed, but if cancerous too much care cannot be exercised in excising it and, also, the contiguous parts that by possibility may be infiltrated with the cellular germs.

The hæmorrhage in the majority of cases is inconsiderable, and when confined to the long thoracic artery or its branches, is best controlled by torsion, or, if oozing of arterial blood be

subsequently detected, it is usually controlled by the application of a lint compress held by adhesive straps. Should hypertrophy of the parts have increased the caliber of the arteries, the ligature may be used to effectually control the hæmorrhage. If there is excessive venous oozing, exposure to the air for a few moments, or possibly slight application of styptic cotton, may be necessary to stanch the blood.

The after-dressing of the wound is of great importance, and upon it depends largely the final success of the operation. The method I here advocate and defend is as follows: In simple non-malignant diseases when but a portion of the mammary gland has been removed, or where all the gland has been, and the resiliency of the parts permits the easy approximation of the incised surfaces, we seek primary union by holding the cut surfaces together until thoroughly united, and even after cicatrization, with adhesive straps, thus discarding sutures and the application of bandages. In cancerous and suspicious cases, where complete excision of the gland has been performed, I am the more fully convinced of the superiority of the strapping, over sutures and compressive bandaging. In the latter case I no longer make the effort to bring the parts into apposition, unless, after flexing the forearm over the chest and placing the arm snug against the body, the amount of tissue left is sufficient to meet the incised surfaces without causing much tension. I prefer union by suppuration and granulation to taking the chances of exciting deep-seated suppurative inflammation by the use of sutures. At this critical time it is imperative to prevent any inflammation or even irritation, such as I believe silver, silk, or even hair sutures sometimes provoke. I am aware that the question of free suppuration after the removal of malignant growths is discussed pro and con, and I wish to add my clinical experience in testimony, that I believe the process aids adjacent tissues in becoming rid of the infectious germs. Authorities differ, and as yet the fact lacks extensive confirmation, but I claim a favorable opinion for the theory. I prefer the use of straps for the following reasons:

They admit the approximation of the incised surfaces only as the resiliency of the parts warrant, and do not cause undue stretching or tension.

They maintain a uniform tension and pressure during the process of healing, whether by primary or secondary union. This uniform tension prevents the unpleasant gaping of the wound so often noticed where sutures are used.

They add a comfortable support to the parts.

They prevent unwarrantable tumefaction of the margin of the wound, and especially of the axillary fold where it is most likely to occur.

The porous rubber strap made by Seabury and Johnson is doubtless the very best article that can be thus used and relied upon. Cut the straps three-quarters of an inch wide and long enough to extend from the spinal column on the back, under the arm, over the wound, to the border of the sternum, or even well over on the opposite breast. When applying them keep in mind the direction of the muscular fibres and adjust the cut surfaces accordingly. It is not necessary to use more than three such straps unless the wound is enormously large.

For finer approximation and completing uniform pressure, cover the interspaces with adhesive straps that are waterproof.

Continue treatment and dressing as follows: After the operation and strapping, apply over the straps a compress of lint saturated with Tincture Calendula, one part; water, twenty parts.

The surface of compress next the skin may be smeared with plain Cosmoline. When dried this compress will have formed an almost air-tight protection to the parts. It should remain undisturbed until evidences of suppurative inflammation have been fully established. If thus left until the healing process has bathed the parts with laudable pus, the compress may be removed without rupturing the capillaries. Next remove all decomposed matter by irrigations of carbolized water, and when necessary use the dressing forceps to remove clots, etc. Should the straps prevent thorough cleansing, begin at the superior margin of the wound, remove one or more straps, thoroughly cleanse the surface, and immediately reapply the straps with equal or slightly increased tension. Continue carefully in this way until the entire surface has been cleansed and redressed. Take the precaution to prevent gaping and breaking up of the adhesions formed, by this method of reapplying dressings until cicatrization has been fully established.

During the progress of sloughing and granulation I have used with great satisfaction the following application. Take

2 pounds,	.	.	.	.	.	Gypsum,
1 ounce,	.	.	.	.	.	Oil of tar,

and thoroughly mix in a mortar. Place this mass in a tin can and keep covered. Of this mixture use a small quantity, reduced to consistency of thin paste by the addition of Olive oil.

Spread on patent lint and apply over the suppurating surface. It is at once antiseptic and destitute of irritating properties, and being mixed with oil never becomes adherent. It will remove in a very few moments offensive odors, and to some extent promote healthy action.

When I have occasion to suspect sphacelus I use it with the utmost confidence. It is also absorbent, so that the secretions are often removed with the dressings. I can cordially recommend this dressing in almost all surgical cases, but especially when gangrene threatens and the odors are very offensive. Drainage for the natural secretions should be provided at the most dependent point of the wound. Caution should be used in strapping to prevent "pocketing" of pus. This is especially liable to occur in the axillary region.

I also recommend more attention to be paid to the subsequent dressing and protection of the cicatrix. I believe a compress at once light and unirritating should be placed and held over the scar for some weeks, and also frequently, in addition to this, a thin layer of cotton batting. This protection will be found most agreeable to the patient.

The phagedenic ulceration, noticed quite frequently at the margins of the cicatrix, is in my judgment very largely due to the unnatural and undue tension made in attempting to approximate incised surfaces, and holding them simply by sutures placed at the very margins of the wound.

The position of the wound is such that it seems to me unnecessary to attach great importance to the making of a very narrow scar, and especially when it is so thoroughly hidden from exposure.

The remedies I select from, according to symptoms, in the inflammatory stage, are, Aconite, Belladonna, Arsenicum album, Arsenicum iodide. Further advanced stages sometimes call for Conium mac., Lachesis, Creasotum, China, etc. In this western country, where it seems that malarial complaints frequently complicate surgical cases, I am in the habit of giving Chinoidin freely, in doses of four to eight grains, and repeat twice or thrice daily. It also acts well in bringing down a high temperature caused by septic influences.

HYPERTROPHY AND EBURNATION OF THE FEMUR.

BY WILLIAM R. CHILDS, A.M., M.D.,
PITTSBURGH, PA.

(Read before the Homœopathic Medical Society of Pennsylvania, September, 1879.)

MR. MCP.; occupation, butcher; right leg swollen above knee; painful; small opening on outer side of limb discharging thin, whitish pus; cannot walk without assistance of crutch.

Admitted as private patient to Homœopathic Hospital of Pittsburgh, February 3d, 1879.

The following history was given by patient:

Five years ago he let a butcher-knife fall upon his right foot, producing a punctured wound at metatarso-phalangeal articulation of little toe; wound healed in a few days. Nearly a year after, pain of a rheumatic character began to trouble him about the knee; this was followed by swelling and inflammation, treated by hot fomentations, poultices, and liniments of various kinds. In the course of six months (a year and a half after injury to foot) a blister formed on outer surface of limb, which being punctured discharged a thin pus. After poulticing again for a few months, a small piece of bone was thrown off and the opening closed. During the next two years the state of limb was better or worse, owing to condition of weather and amount of exercise taken. One year ago last month (January, 1878) the limb becoming useless for service, owing to pain, heat, and swelling, an M.D. of the old school was called in, who laid the leg open and scraped the bone; the wound healed, leaving two small fistulous openings, which the doctor united by severing intervening tissue. Since March, 1878, there has been a small opening which has been discharging a thin pus, but no bone has been thrown off. After a careful examination, with Dr. J. H. McClelland as consulting surgeon, the patient was informed that a free incision would be made, thoroughly exposing the bone, and, by removing a portion of the same, we would try to save the leg, if at all practicable; but if we found the disease had extended into the joint we would amputate the limb.

The patient was allowed two days to rest and become accustomed to his surroundings. On the 3d of February, being ably assisted by the Hospital and Dispensary Staff, the patient was placed under the influence of Chloroform, the Esmarch bandage was applied, and an incision made along the margin of the vastus externus, from the tuberosity of the external condyle, seven and a half inches in extent. The wound was

held apart by retractors, the femur was plainly exposed, showing the lower part of the shaft much enlarged, with an oval opening through the bone laterally, about four inches above the condyles. After hard and patient toil of nearly two hours, and breaking four chisels and a pair of bone forceps, owing to ivory-like hardness of the bone, we succeeded in reducing the shaft about one-half its transverse diameter, cutting away the under portion of the femur, and transforming the oval opening into a semilunar notch. The only artery tied was the "superior external articular," a branch of the popliteal. After removing the tourniquet there was considerable oozing of blood from the cellular portion of the bone as well as from the soft tissues. During the entire operation the wound was kept under a carbolyzed spray from the atomizer.

The wound was lightly packed with antiseptic cotton, the edges drawn slightly together, a carbolyzed dressing applied, covered with oil silk, and the limb was supported on an oakum pillow. Arnica 1^x was given internally every two hours. The oozing continuing and increasing, the dressings were removed and a solution of the Persulphate of iron applied, effectually controlling the hæmorrhage. Arnica was continued for forty-eight hours, then the patient was put on Hecla lava, 3^x trit., dose four times daily.* The wound was syringed well with warm carbolyzed water, and dressed with carbolyzed oil four times a day, until suppuration began, when hot poultices of flaxseed meal were applied. The ligature came away on the eighth day. After two weeks the nurse was instructed to make passive motion of knee-joint whenever he changed the dressing.

This treatment was continued along with a generous diet. In six weeks' time he was able to move about on crutches, swelling and inflammation were subsiding, the wound had healed all but an opening of half an inch, which was maintained by keeping it packed with a pledget of lint, in order to facilitate any discharge of bony particles which might be thrown off in process of repair.

May 1st the patient was discharged from the hospital, using one crutch, and, owing to an eruption of pimples on face and body, a tendency to take cold, loss of appetite, constipation, headache, stiffness and soreness of limbs in the morning, and for its general adaptability to the case, I gave Silicea 3^x trit., a dose three times a day.

* *Vide A System of Surgery*, by W. Tod Helmuth, M.D., p. 436.

Mr. McP. reported at my office in person on May 8th. I then substituted a piece of gum tubing of caliber three-sixteenths of an inch, perforated with holes, which was passed in behind femur into concavity of bone. This was done to give perfect drainage and prevent formation of an abscess. General health was improved; continued Silicea 6^x trit. twice daily. The patient reported May 5th and received Silicea 12^x trit.; May 31st, and received 30^x; June 17th and July 11th, the medicine was continued and the general health good. He used his limb well; did not carry crutch except when he came to the city, and only then as a precautionary measure. The leg was but slightly larger than its fellow; there was no discharge through the tube, except a little blood when removed; it was taken out twice daily and the sinus syringed with carbolized water. He reported by letter, August 1st, all right. He has taken since May 1st, Silicea, 3d, 6th, 12th, and for the last three months, 30th trituration, a dose every night.

I wish, before concluding, to quote from some of the standard writers on this disease. Thomas M. Markoe, M.D., in his *Treatise on Diseases of the Bones*, says, at page 27: "As for the influence of remedies on the deposits of bone from inflammation, authorities are pretty well agreed that nothing is to be expected." Mr. Stanley says: "Upon enlarged and indurated bone, medicines have no effect; its condition will be permanent. . . . But against the tenderness and irritation of the periosteum, which precede and accompany the morbid changes in the bones, treatment may be directed with the best effect, particularly the local application of Mercury to the limb, with the administration of Iodide of potassium and Sarsaparilla."

T. Holmes, M.A., Surgeon to St. George's Hospital, on page 424, says, in speaking of sclerosis of bones: "The only treatment which is available is the same as recommended for nodes (Iodide of potassium and Sarsaparilla with Mercury), but it seems uncertain whether such treatment has really much specific effect on the disease, though rest and shelter, and good medical supervision no doubt do much for its cure."

Dr. D. Hayes Agnew, vol. i, page 1017, of his new work on surgery, says: "Surgically, sclerosis possesses little interest, as there are no symptoms which are pathognomonic of its presence. It is barely possible that the growing increase of weight in the limb, when the tibia or femur is affected, might furnish ground for suspecting the existence of the disease. Even if recognized, we have no remedies with which to combat it." Contra: Dr. W. Tod Helmuth, the most prominent

surgical authority in our school, in his work relates the favorable termination of cases of bone disease, treated with internal medication.

Here we have a case of exostosis of femur, of slow growth, complicated with caries and perforation of a portion of the shaft; the hypertrophy extending towards the knee-joint, taking on the eburnous or ivory-like form; the accompanying swelling and inflammation imperiling the joint, having already impaired its usefulness. A case ready for amputation? No, a case for conservative surgery, aided by the properly chosen homœopathic remedies.

You have heard of the result up to August 1st. On last Friday morning (August 29th), I invited Drs. Burgher and McClelland to examine this case at my office. Mr. McP. is in full enjoyment of health; has perfect use of limb, with natural motion of knee, and has been wearing gum tube in sinus ever since his last call, July 11th. No discharge has occurred since that time. He is now instructed to discontinue the use of the tube, to bathe limb as usual, and to take nightly, a dose of *Silicea* 30° trit.

FRACTURE OF LEFT HUMERUS WITH DISLOCATION.

BY M. M. WALKER, M.D.,
GERMANTOWN, PA.

(Read before the Homœopathic physicians of Germantown, September 29th, 1879.)

JUNE 7TH, 1879.—Miss Hannah F., in her seventy-ninth year, fell in her garden, dislocating the head of the left humerus forward, fracturing it above the surgical neck and on the inferior portion of the head of the bone. The fracture extended within the capsular ligament. Dr. John Malin and myself administered ether, reduced the dislocation, and "set" the bone with comparative ease. The patient, having been an invalid for many years, was very thin and weak, weighing probably seventy-five pounds.

We applied a modification of Welch's shoulder splint, made of binder's board, and a small splint of the same material inside the arm, lined both with quilting cotton, passed the roller over these well up on the shoulder and around the body, then supported the elbow in a large handkerchief sling.

There was little muscular action to overcome, and by careful handling the bone remained in position with perfect union as the present specimen shows. In three weeks I removed the splints, for their pressure had caused nearly as much ecchymosis as the fracture, so tender was her skin and flesh. The patient

spent most of her time in bed, so there was little risk in the above procedure. After the first two days she suffered very little pain, except when having the arm dressed, had no prostration, slept as well as ever, and seemed in usual condition. I watched her closely the first four weeks, then about once a week for three weeks more, when she could use the arm in dressing and undressing. The remedies used were Arnica²⁰⁰, Bryonia³⁰⁰, and Calc. phos. 6th.

She had had a hacking cough more than twenty-five years, never expectorated much, respirations for several years at least thirty per minute, dullness of upper left lung, and was so feeble we expected her to succumb to this shock to her nervous system. Until September 9th she seemed in ordinary health, could move her arm in every direction though not completely, was more feeble than usual. The 11th her mind wandered over the events of her youth; on the 12th she became unconscious, and on the morning of the 13th she died from exhaustion with some pneumonic symptoms. Dr. John Malin and myself made a post-mortem examination, found acute congestion of middle and lower lobes of right lung, signs of former tuberculosis with thickening of the upper left lung, enlargement of the heart (about forty per cent.), strong pleuritic adhesions around both lungs, binding them firmly to the ribs throughout their entire extent.

I present the upper part of the left humerus to show how perfectly union can take place in a feeble and aged woman. The medullary canal is very large, the shaft of the bone a mere shell, transparent and brittle, the line of fracture is easily discerned by the bony callus and spicula of bone which have gravitated and adhered below the fracture. The callus has not all been absorbed, and the spicula were very easily broken, while denuding the bone of flesh. The specimen will be presented to the class of the Hahnemann Medical College of Philadelphia, to remain in the museum.

REPORT OF THE HAHNEMANN CLUB, OF PHILADELPHIA, PA.

SEPTEMBER SESSION, 1879.

BY W. H. H. NEVILLE, M.D., SECRETARY,
PHILADELPHIA, PA.

THE Club convened at Dr. W. H. H. Neville's residence on the evening of September 9th, Dr. Bushrod W. James opening the business meeting at half past eight o'clock, relieved by the

President, Dr. R. J. McClatchey, at nine o'clock, when the *conversazione* commenced.

SUMMARY.—DR. E. A. FARRINGTON presented the facts of an interesting post-mortem as follows:

A child aged six months, who had always seemed well and strong, died after an acute illness of ten or twelve days. During its sickness the evident seat of the disease was the abdomen. The pains were violent; the abdomen exquisitely sensitive at first, and later enormously tympanitic. So extreme was this distension that it greatly impeded respiration, and the superficial veins appeared like blue cords, with here and there blue spots, from rupture of small branches. The temperature ranged from 100° to 106° F. The tongue was at no time markedly coated, nor was it of a deeper red than natural. The diarrhœic movements were yellow, slimy, and sometimes curdled; the urine was free and nearly normal in appearance. Before the tympany reached its height, hard lumps could be felt in the region of the mesentery. The family history revealed that on the mother's side there had been thirteen deaths from consumption. I diagnosed the case, therefore, as a tubercular disease of the mesenteric glands.

At the autopsy, which was very neatly performed for me by Dr. Korndorfer, the peritoneum was found firmly adherent anteriorly over the greater part of the abdominal wall. So closely were the intestines grown together that it was hardly possible to separate them without laceration. The transverse colon made one with the lower border of the stomach and also with a portion of the liver. Quite a good-sized abscess was discovered below the liver, springing from its artificial union with the colon; pus was found also lower down in the right side of the abdominal cavity. The mesenteric glands were felt enlarged and indurated.

There were also present at the post-mortem Drs. O. B. Gause, C. Mohr, and my student, Mr. William Boericke. Several interesting questions arose and occasioned considerable discussion. Could all these adhesions have occurred during the twelve days of sickness? It was acknowledged as possible, but was rendered improbable by the history of these days. The child remained conscious to the last. Its tongue was at no time narrow, pointed, or raw-red. True, its pulse ran up to 160, and the thirst at times was considerable, but symptoms of collapse appeared as early as the first day—cold nose, hands, and feet. On the sixth or seventh day the tympany increased, reaching to such an extent that the child gasped for breath,

and death suddenly closed the scene on the fourteenth day—death resulting from apnœa.

It is probably the opinion of all present that the child, inheriting a tubercular diathesis, had before birth or shortly afterwards subacute inflammation in the abdomen, displaying no other symptoms than sufficient irritation to develop frequent colic and undigested stools, which were interpreted by the parents as necessarily incident to babyhood. Finally cold or some other exciting cause fanned the smouldering flame into a violent and fatal inflammation. If this supposition is true or probable, it would behoove us to carefully watch children of such an inheritance, and treat their occasional colics with deep and long-acting remedies. Indeed, it is quite likely that slight indigestion may in itself prove a sufficient exciting cause, especially if frequently repeated, for the development of tuberculosis.

DR. B. F. BETTS thought the case a most instructive as well as interesting one, for the importance of recognizing these peritoneal inflammations in female children is great, both in regard to their diagnosis as well as to their cure without the adhesions, such as were found in this case. If we consider the size and position of the uterus in childhood, and its relation to the peritoneum, and then look at the effect of these bands and united surfaces of peritoneum in after life, when the duties and functions of the womb are established, what do we find to be the result? The question is answered in the virginal uterine flexions, the dysmenorrhœas, and other troubles of womanhood. We should further take into account and remember the position, extent, and size of these infantile peritoneal inflammations as a guide towards what is likely to succeed in the future history of the case if consolidations are allowed to form, and especially if they should become extensive. This case may have succeeded the abscess, and the presence of pus may have induced the peritonitis which caused the extensive agglutination of the inter-abdominal surfaces. May I inquire if the glands were much enlarged?

DR. FARRINGTON replied that they were not, but that intense pain and distress were present during the progress of the attack, and the great abdominal distension continued throughout.

DR. BETTS.—Enteritis, both in children and adults, sometimes gives us masked symptoms, and does not hold out even characteristics enough to make the form of the disease. The diagnosis not being clear, the prognosis may be equally at fault.

DR. PEMBERTON DUDLEY referred to the case of a child with similar symptoms to the one now being considered, but in which no post-mortem examination was obtained. The same violent acute peritonitis, great tenderness, and large distension were present, and the symptoms were so aggravated that it was difficult to know how a child with such suffering could last for a week as it did.

DR. FARRINGTON intimated that the inflammation in his case was probably not due to any direct influence from the purulent material, inasmuch as no pus was found outside of the abscesses until incisions had been made into the pyogenic cavities. That found in the lower part of the right iliac region was doubtless due to a previous cutting into an abscess. There was, however, some sero-purulent matter found previous to opening the abscess.

DR. DUDLEY said his experience in autopsies upon the abdomen was that a purulent serum was almost invariably found in the peritoneal cavity, whenever extensive peritoneal inflammation had been present.

He related a case of enteritis that had occurred a number of years ago, in the Northern Home for Friendless Children, when he was one of the attending physicians of that institution. It was that of a child about ten years of age that had suffered from enteric inflammation and died in about two weeks from the beginning of the attack. The autopsy revealed several intussusceptions of the small intestines, either seven or nine in all, each of which completely occluded the canal and prevented the passage of any material. A peculiar feature of the case was that a quantity of the intestinal discharge was found below the last interlocking, but none was found above.

There was considerable agglutination at the seat of these constrictions, but no gangrene or ulcerations. No information could be gained as to how they were produced, or as to the exact length of time they existed before death, though the appearance indicated that they were of recent origin, probably a day or two or a few hours before death.

DR. M. M. WALKER on this point also gave evidence: The case of a child that had nausea and vomiting, fever, gastric and cerebral irritation to such an extent that the diagnosis was not correctly made out. Two children of the family were sick at the same time and this one died quite suddenly. It was at the time under allopathic treatment, and the parents were so surprised that they naturally inferred the child had been poisoned, either by an improper remedy, or by a poi-

sonous dose of the medicine prescribed and administered. To be certain whether the physician or druggist had made a mistake in the matter, all the medicines were analyzed, and fortunate for these men no poisonous ingredients were found in them, or subsequently in the contents of the stomach. The autopsy revealed an abscess of one ovary, which had ruptured itself internally, and the supervening peritonitis caused death.

DR. FARRINGTON referred to the physiological fact of the discovery of an inhibitory nerve (found in the rabbit) extending from the abdominal organs directly to the heart, so that it was not difficult to account for the danger, the frequent cardiac complication, and almost unaccountable deaths in some of these cases of infantile peritonitis; for by sympathetic action we might have, through the medium of this nerve, a violent and even sudden effect produced upon the heart, causing not only great heart disturbance, but even fatal symptoms. In the case which he had given, the colicky pains in different parts of the abdomen to which the child was subject showed that even at that time some inflammation was going on there, even antecedent to the twelve days of the child's sickness. And this is another lesson which we should learn just here, viz.: to look out for these indications and endeavor to search out their true meaning and the full gravity of the diseased action going on.

DR. C. S. MIDDLETON related the case of a child with imperforate anus, in which peritonitis and death followed an operation for its relief. Here the peritonitis was traumatic, and did not take on that masked and insidious form to which reference has been made.

DR. R. J. McCLATCHEY said, that he did not know of any subject more worthy of study than this, and he felt obliged to Dr. Farrington for calling attention to it. He could look back and remember a number of cases where death had surprised him in children, and where he now believed from a better knowledge of the subject post-mortem examinations would have shown peritonitis to be the cause of death, which was attributed to something else. He remembered one case of cardiac disease in a child where he attributed a rather sudden death to the heart affection, and an autopsy exhibited a large abscess of the liver, with subsequent peritonitis; and yet during life this child had made no complaint calculated to draw attention to the liver or to the peritoneum. He instanced another case in which peritonitis and enteritis were suspected, but the abdomen was so thoroughly tolerant of handling and pressure, even of deep pressure, as to disarm suspicion, yet in this case also an

autopsy showed violent and extensive peritonitis. He also called upon Dr. Betts to testify to a case in which it was positively declared by two physicians that a little boy had died of entero-peritonitis, excited by swallowing a hard substance, and yet post-mortem showed that death resulted from pneumonia, and that the bowels and peritoneum were in good condition. In fact, he said, our means of diagnosis in these cases in children seemed to be defective, and doubtless numerous errors are made, and lives lost in consequence. He thought it would be worth while for the members of the Club to carefully note all the symptoms occurring in children suspected of abdominal diseases, and, in cases of death, to insist on a post-mortem examination, and make careful comparisons of the symptoms noted during life with the appearances presented after death. In this way in the course of time, valuable observations might be made, such as would add materially to the ability to make correct diagnoses.

We have always been taught to associate great intolerance of pressure with peritonitis, but he was satisfied that if this is depended upon the physician will often be misled.

DR. PEMBERTON DUDLEY had had a case in which neither pressure, nor the action of a strong electric current, nor even a strong kneading of the abdomen caused the least pain or suffering.

He could only account for this by the assumption that paralysis of the nerves of sensation had occurred simultaneously with or prior to the accession of peritonitis.

DR. W. H. H. NEVILLE related a case where the only relief obtained from the pain was by means of firm pressure on the abdomen.

DR. DUDLEY had seen a case where all the symptoms of gall-stone were present, and this condition was diagnosed but not substantiated by the post-mortem held.

DR. McCLATCHEY: Another patient recurs to me. A man that had mesenteric cancer where there was no pain on pressure during the progress of the disease. He was in the habit of lying on his abdomen to relieve his distress, and when violent attacks of acute pain came on, he pressed a block of wood firmly against his abdomen, which afforded him relief. The post-mortem showed extensive cancer of mesentery.

DR. M. M. WALKER considered that erysipelas was a frequent cause of peritonitis, and where patients ever have had an attack externally, we should always inquire in order to ascertain any connection that might exist between a previous attack of

erysipelatous inflammation and the supervening of peritonitis, either in children or in adults. He instanced a case where erysipelas had existed, but this had improved; but twelve hours before death the pulse ran up to 112, and then became fluttering, and the patient died with symptoms of peritonitis and collapse. In another case, one of typhoid fever, the patient had previously had an attack of erysipelas, and had gotten about, then had the typhoid fever, with a pulse averaging from 93 to 104, a dry red tongue, the redness in the shape of a triangle from base to tip.

About nine days after the typhoid symptoms had disappeared, a chill came on at night, and the patient was attacked with peritoneal symptoms, and he thought the patient died with erysipelas of the bowels and peritoneum.

DR. BETTS: It is claimed and believed by many that the erysipelatous scarlatina contagion will develop puerperal peritonitis at parturition.

DR. WALKER, showing the connection of erysipelas and some other diseases, related a case of umbilical hernia. The patient had had typhoid fever with right iliac gurgling and tenderness, and other well-marked typhoid symptoms and peritonitis followed; in the course of the other symptoms the hernia suddenly turned red, with characteristic erysipelatous blush; small vesicles developed all around the hernial protrusion, and the next day the patient died. He regretted that no post-mortem examination could be had, but his diagnosis was typhoid peritonitis, and he gave his mortality certificate accordingly.

DR. DUDLEY mentioned a case illustrating the metastasis of erysipelas. The attack occurred upon the face, and the physician had permitted the application of a cranberry poultice; the erysipelas disappeared, but the patient was subject to frequent attacks of enteralgia for three years, but he had not thought of associating erysipelas with these pains until a subsequent attack of erysipelas removed them.

DR. MIDDLETON confirmed Dr. Dudley in the frequent metastasis of erysipelas, and the development of abdominal diseases therefrom.

(At this juncture of the proceedings the Society adjourned to the dining room, by the invitation of the host, and partook of the accustomed monthly banquet.)

On reassembling in the parlor, the President appointed Dr. C. S. Middleton, whose specialty in the Society is "*Diseases of*

Children," to prepare a paper for the next meeting upon the "Diagnostic Signs and Symptoms of Peritonitis in Children."

The next paper of the evening was then taken up and read by the author, Dr. M. M. Walker, upon "*Abscess of the Lung*," the main points of which were as follows: Case of a female, æt. 60 years, medium height, and never exceeding 98 pounds in weight. Died February 6th, 1879.

Thirty years ago had pneumonia, which left a permanent thickening of the middle lobe of right lung. Moved to the suburb of Philadelphia, and at that time her physician thought she would not live a year. Five years ago, while hurrying to the train, she spat up a tablespoonful or so of blood, and at irregular intervals during four months she would raise about the same quantity of blood, and by the end of the fourth month after the first hæmorrhage, streaks of pus were noticed with the blood, and the pus gradually increased to the time of her death. At times a gill or more would be expectorated during the twenty-four hours. Auscultation revealed clearness of respiration in the left lung up to a few days before death. I could find no case of phthisis having occurred in the family, although her ancestry could be traced back to 1693. Diagnosis: abscess of right lung, the result of an attack of pneumonia thirty years previous. Two weeks before her death, with but little effort, she would spit up a tablespoonful or more of dark coagulated blood, which had been lodged somewhere for weeks or months; this was odorless, except when it occurred immediately after taking a small portion of brandy, when the odor was of that, or an occasional small particle of food which came with it. The blood frequently came with the pus after coughing, but generally came when she was quiet and with very little voluntary effort. Sometimes it came so quickly she had not time to reach for a handkerchief or to call for help. She had had sciatica some months before, and could not sit down for weeks. As destruction of the lung continued, rheumatic paralysis of the right arm increased, till at times she could not hold anything, or control its shaking. She suffered exceedingly with intercostal neuralgia, neuralgia through the right lung and down the right arm.

Several years before she had congestion with enlargement of the liver, but of late years there was a diminution rather than enlargement of that organ. She was so thin that any increase in the size of the liver could easily have been detected. She was a great sufferer during the last three years of her life. Remedies were used in all potencies at frequent and at long intervals,

but their effect was only temporary. No post-mortem was allowed. This theory was advanced for the coagulated blood, of which a half pint or more was expectorated.

A hæmorrhage from small vessels occurred in some portion of the diseased lung, and as the destruction of lung tissue continued, this gradually accumulated, and, finally, was expectorated with the débris of ulceration.

On this subject Dr. Farrington reported *Abies nigra* 6^x as having cured a case of hæmoptysis, where there was distress in the stomach, and a sensation as if a hard-boiled egg had been swallowed and lodged at the cardiac end of the stomach. The doctor said Dr. Betts had also reported a case of hæmoptysis cured by the same remedy.

DR. B. F. BETTS reported a case of flooding, where the symptoms were all those of Bell. He gave Bell.³⁰ every two hours, and soon after the lady passed an old placenta. The case had been under old-school treatment for five months for the flooding, which ceased and returned a number of times. The patient became discouraged and determined to try homœopathy. He examined the case after the passage of the placenta, using the Gardiner cervical dilator to see if any other portion remained, but the uterus was clear. The surface where the placenta had been attached could still be distinctly felt.

DR. DUDLEY here submitted a question: Where poisoning and death from poisoning by Carbonic oxide occur, is there pain attending it?

DR. MCCLATCHEY, in answer, referred to the case of a Frenchman who had proven the matter upon himself, and had suffered intensely.

DR. B. W. JAMES knew of a whole family poisoned by inhaling this gas, where all suffered a great deal of pain, except one child, out of the two parents and three children that were poisoned. Violent vomiting and retching, with epigastric pain and great prostration, were the principal symptoms of the cases, which differed in severity in the different members of the family, with the exception of the child referred to, who was exposed to the same influence the same length of time as the others were, but escaped any pain, or even nausea or apparent debility. The accident occurred by the falling in the night of the smoke-pipe, where it passed through the hot-air chamber of the cellar heater, the heat being turned into the bed-room through the flues leading from this part of the heating apparatus. They all recovered within forty-eight hours.

DR. B. F. BETTS, whose specialty is gynæcology, and to

whom was referred, at the last meeting, the question: "What is the cause of pruritus, and what are the best remedies for treating it, especially the intense itching?" offered the following answer: This disease may originate from the contact of irritating discharges from the uterus or vagina, the contact of diabetic urine with the vulvar surfaces, and from such local diseases as are induced by onanism, simple or specific vulvitis, morbid growths about the vulva, the presence of short bristly hairs pointing towards the mucous surfaces, and from ascites. It is also a symptom of the various skin affections to which this part of the body is liable.

To decide if it is due to uterine or vaginal discharges, a piece of absorbent cotton may be placed in the vagina, with a string attached to it, which may remain for twenty-four hours; during this time the pruritus will be relieved if the discharges have previously induced it. Parasites may be detected by direct inspection. When the urine is believed to be at fault it should be tested for sugar.

Treatment.—During pregnancy the symptom is often difficult to cure. In all cases we should endeavor to learn the cause and seek to remove it first. Constipation should not be neglected. Parasites can be removed by cleanliness, warm tallow applied to the parts in large quantities, or sometimes an infusion of tobacco may be necessary when it is a true neurosis. Cleanliness of the whole body, warm hip-baths, abstinence from highly-seasoned food, from all liquors, and from getting overheated, must be enjoined.

Calad. seg., Collinsonia, Conium, Kreos., Hydrastis, Hamamelis, Lil. tig., and Helonias are the remedies most frequently required.

DR. FARRINGTON said the local application of the Oil of lavender would kill the parasites and thus relieve the itching.

DR. MIDDLETON said that a solution of Merc. cor. sub., two grains to one ounce of water, used locally, would answer the same purpose.

DR. R. J. McCLATCHEY (specialty obstetrics) gave an account of an interesting case of labor he had just read of, where two left hands presented. They were replaced, and soon after the lady gave birth to a child in the left occipito-iliac position; the placenta followed readily, but soon after a twin child presented and was speedily delivered. He did not remember of any other record of two left hands presenting.

DR. W. H. H. NEVILLE, to whom was referred the ques-

tion: "What homœopathic vegetable remedies deteriorate by age?" answered as follows:

In all probability most of them do, for it is not unlikely that some of the therapeutic properties of all vegetable tinctures reside in the essential oil—the most volatile part of the plant. That being true, it is difficult to see how the evaporation of this oil can be entirely prevented, even in well-stopped vials, especially if frequently opened for use; and this suggests the question, whether this oil does not escape in the process of running a tincture up to the higher potencies?

DR. BUSHROD W. JAMES, specialty, diseases of the eye and heart, in reply to the question, What is the most improved form of ophthalmoscope? replied:

In no branch of medical science have more rapid strides been made than in ophthalmology. The researches and instruments of one year are superseded by those of the succeeding, until now that most wonderful organ and piece of human mechanism, the eye, is receiving the attention it deserves. So many modifications of the ophthalmoscope are now in use, that it is difficult to choose which is really the best for all purposes. The most improved one, however, is that of Edward C. Loring, M.D., of New York, which consists of a disk with a perforation, seven plus glasses and eight minus glasses, and also a segment of a disk containing a plus 16 and a plus 5, and a minus 16 and a minus 5, by the aid of which combinations can be added, so that 65 different numbers of glasses are at the disposal of the examiner in making out the refraction of the eye.

Then a tilting mirror of quadrangular shape has been added, which is an improvement over the three-quarter circle mirror, attached to a hinge, so that it can be placed at various angles, while the body to which it is attached can also be revolved in a direction around the common orifice at the centre. Dr. Loring's description of this instrument will explain it in full. Its cost is \$35. (See Fig. 1.)

The single disk contains sixteen glasses on the metric system, the plus being numbered in white and the minus in red. The first row of numbers, or that just beneath the glass, shows the real value of the glass; the second or inner row shows the result of the combinations when the quadrant is in position.

The quadrant rotates immediately over the disk, around the same centre, and contains 4 glasses, —5— 16 and + 5 + 16. When not in use the quadrant is beneath its cover. The instrument then represents a simple ophthalmoscope, with 16

perforations. The sections running with an interval of 1 D., extending from + 1 to + 7, and from — 1 to — 8. This is ample for all ordinary work, as the interval of 1 D. is as close as even an expert desires, and can, with a little experience, be used for even very minute discrepancies. For if in a given case the fundus is seen distinctly with 1 D. and a little to spare, while a 2 D. blurs the picture, we know at once that the refraction must be between the two, or 1.5 D. If, however, for any reason we wish to prove this conclusion, we can bring up 0.5 D. From this glass we get successive half-dioptrics, from + 1 to + 8, and from — 1 to — 9.

In this way we have, so to speak, a fine and coarse adjustment, as in the microscope. If the higher numbers are desired, these are obtained by combination with those of the quadrant.

The progress is regular up to 16 D., every dioptic being marked upon the disk. Above this, and up to + 23 D. and — 24 D., we have to simply add the glass which comes beneath the 16 D., turning always in the same direction.

Beginning with 0, and revolving from left to right, we obtain:

PLUS	
	0
	1
	2
	3
	4
	5
	6
	7 Bring up + 16
+ 16 — 8 =	8
16 — 7 =	9
16 — 6 =	10
16 — 5 =	11
16 — 4 =	12
16 — 3 =	13
16 — 2 =	14
16 — 1 =	15
	0 = 16
16 + 1 =	17
16 + 2 =	18
16 + 3 =	19
16 + 4 =	20
16 + 5 =	21
16 + 6 =	22
16 + 7 =	23

Beginning with 0, and revolving always from right to left, we obtain:

MINUS	
	1
	2
	3
	4
	5
	6
	7
	8 Bring up — 16
— 16 + 7 =	9
16 + 6 =	10
16 + 5 =	11
16 + 4 =	12
16 + 3 =	13
16 + 2 =	14
16 + 1 =	15
	0 = 16
16 — 1 =	17
16 — 2 =	18
16 — 3 =	19
16 — 4 =	20
16 — 5 =	21
16 — 6 =	22
16 — 7 =	23
16 — 8 =	24

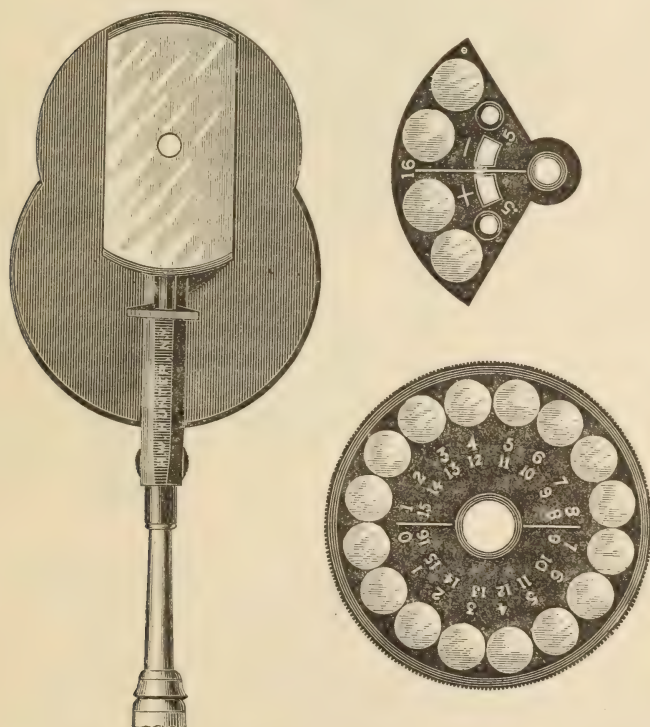
Thus with the superposition of a single glass (+ 16 or — 16), and with an uninterrupted rotation, a series is obtained of successive dioptics from 1 to 23 plus, and from 1 to 24 minus.

With the use of the 0.5 we can obtain, in addition, the following series, with an interval of half a dioptric :

+ 0 — 0.5	+ 3 — 3.5	+ 6 — 6.5
+ 0.5 — 1	+ 3.5 — 4	+ 6.5 — 7
+ 1 — 1.5	+ 4 — 4.5	+ 7 — 7.5
+ 1.5 — 2	+ 4.5 — 5	+ 7.5 — 8
+ 2 — 2.5	+ 5 — 5.5	+ 8 — 8.5
+ 2.5 — 3	+ 5.5 — 6	

Making a total series of 65 glasses. Should the combination not be wanted, a trifling displacement of the quadrant to either side of the mirror-hole at once dissolves it, and the instrument becomes a single disk ophthalmoscope.

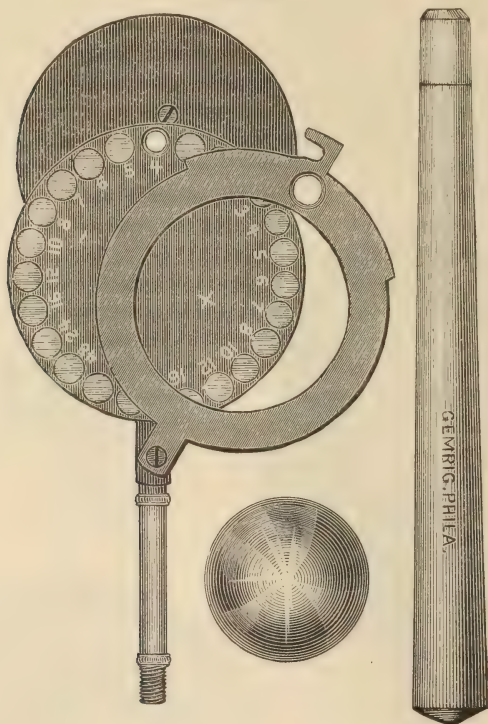
FIG. 1.



The Knapp large ophthalmoscope, price \$30, is a late improvement, and has one perforation and 33 glasses, all arranged around one disk, making it very large (56 mm. diameter) and unhandy for use. The combination ophthalmoscope,

Landolt's, with two disks, one above the other, is heavy, and the difficulty of rotation, and other objections, have thrown it into disuse. The neatest, lightest, and quite as useful as any one out, unless a greater quantity of numbers and half-num-

FIG. 2.



bers are required, is the \$22 instrument made by Miller Bros., New York. It has a permanent handle, highly polished circular mirror, and 26 glasses (13 plus and 13 minus), covered by a circular rim (instead of an entire back cover, with perforations for the numbers to be read through, as in Knapp's). It has all the numbers exposed on the back, and in both the old and new method of numbering, with the milled edge of the disk projecting for two-thirds of its circumference sufficiently for either a right or left finger to turn it around from number to number, even while the instrument is held before the patient's eye, and without the observer losing a view of that part

of the fundus he is examining. It is always ready for use, without screwing on the handle, and is extremely light, both for examination and pocket portability. (See Fig. 2. This has the screw handle, and the circular rim is shown thrown off of the lenses, exposing them to view.)

The monthly disease tendency and weather proving being called for, Dr. B. W. James read the records for the past two months, showing that the principal tendencies at present are to typhoid and the usual fall fevers, rheumatism, increase of heart diseases, and catarrhal affections.

Taken altogether in our part of the country, this and the previous month have been marked for their general healthfulness. The temperature was comparatively even and low for the summer season. There was an adequate amount of rain, green herbage, an abundant quantity of perfect and ripe fruit and vegetables in the market, and the community were free from any general excitement such as sometimes occurs to unsettle the nervous equilibrium of the entire population. The city has been kept remarkably clean, and a greater number of families have sought refuge in the country and at summer resorts than in former years. In fact, every circumstance seems during the summer months to have combined towards production of general good health, and the result has been the absence of any epidemic and the prevalence, as a general rule, of a lighter form of the ordinary summer diseases. Yellow fever has been epidemic in Havana and Memphis, the Asiatic cholera in some parts of Japan, and small-pox in Callao.

A resolution was passed that the attending physician, resident, and specialist should each successive month report to the Club the statistics of the Children's Homœopathic Hospital of Philadelphia, and the Club then adjourned.

CLINICAL JOTTINGS FROM THE HOMŒOPATHIC DISPENSARY, PITTSBURGH, PA.

BY T. M. STRONG, A.B., M.D., ATTENDING PHYSICIAN,
ALLEGHENY CITY, PA.

CRUSTA LACTEA.—The remedies used for this frequent disease have been Sulphur, Graphites, and Baryta carb. The dilutions used have been from the 6th to the 30th. A dry eruption points more particularly to Sulphur; while a moist, fissured, exuding surface, especially when extending down to or affecting the ear, calls for Graphites. In cases complicated

with swelling of the glands of neck, etc., with dry eruption, we give Baryta.

As a general thing the external manifestations are all the symptoms we have. In one case the mother reported the child as being very well except the head, but afterwards admitted that about 11 o'clock every morning he would complain of feeling sick at the stomach. It would last a short time and disappear; Sulph. 30th was given with prompt results. At the same time with internal treatment we always use Carbolicized cosmoline, 5 to 10 drops of the acid to the ounce of Cosmoline.

HEADACHES.—Pain in one spot in right parietal bone, aggravated by stooping. Pain in right breast. Ignatia³⁰.

Pain in right temple, comes on with blindness and is ameliorated by vomiting. Worse at noon and midnight. Cramps in feet preceding menses. Hands and feet hot. We have found Sulphur frequently indicated in twelve hour aggravation; it was given in one case with decided results.

Pain across forehead and top of the head; also through the temples. Flushes of heat about head and face; backache; leucorrhœa cream-colored, offensive; feels weak. Treated with a weak solution of Carbolic acid as an injection, and Puls. 6^x internally.

Pain in forehead, of a sharp shooting character. Palpitation of the heart, aggravated by motion. Bryonia 3^x.

Vertigo aggravated on stooping; pain over the left eye; constantly chilly. Bry. 3d followed by the 30th.

Woman, forty-four years of age, has sick headache every week; awakes with it, when it continues for twenty-four hours; attacks the forehead and eyes; blindness precedes the headache; headache becomes worse as the blindness gets better. Kali bi. has this symptom marked, but neither in this case nor in several others have we been able to obtain any relief from it.

Head feels large when the attacks of pain are present with fever. Gelsem. θ was given and relief afforded. For several weeks she had not had any headache and since then she has not been seen.

GONORRHOEA.—With burning on passing water, etc. Cann. sat. 1^x, 5 drops, night and morning. Reported in three days that he was better. Cann. sat.³⁰ completed the cure.

SCARLATINA SINE ERUPTIONE.—A little girl of seven years of age was attacked with vomiting, fever; restlessness during sleep; sore throat; headache; body sore to touch; tongue coated, Bell. 6^x. In a few days her mother reported that she was better, with the exception of a short dry cough, mostly at

night. Gave her Bell. 30^r. Gave the mother at this time for a younger child who complained of fever, headache, vomiting, and short dry cough the same remedy. Both reported afterwards that the medicine had promptly relieved. Measles, and to a limited extent scarlatina, were prevailing at this time. The mother was certain that there had not been at any time any appearance of a rash.

REFLEX IRRITATION OF CUTANEOUS NERVES.—A little boy of five years of age complained of pain in the bowels; flashes of heat; constant motion of the superficial cutaneous surface; restless sleep; moaning and starting. Cina 6^x was given for the general symptoms, which it removed, as well as the spasmodic condition, which is not found under Cina in our works on *Materia Medica*.

OVARIAN NEURALGIA.—Patient complained of pain in the region of both ovaries, worse from pressure; a sensation through the hips as though falling apart, and backache. Lach. 30^r was administered. The patient returned and reported improvement. The medicine was renewed, but no report has been given since that time. No physical examination was made.

SCROFULA CICATRICES.—Swelling and soreness in old cicatricial tissues about the neck and breast. Cicatrices the result of scrofulous abscesses. Graph. 6^x had no effect. Sil. 30^r relieved.

BRONCHIAL IRRITATION.—A little girl of sixteen months had a hard dry cough at night; fever; restless sleep; cross through the day. Condition the result of the teething process. Cham. 30^r.

DIARRHŒA.—Bloody greenish mass; pain with straining; dry tight cough, worse at night. Gave Merc. viv. 6^x. This relieved entirely. A month later reported a return of the trouble. This time the passages were greenish, slimy, undigested, painless. China 3^x cured.

CHRONIC BRONCHITIS.—Cough at night in a middle-aged woman, married. Had pain and soreness at the breast; felt very weak; expectoration of puslike matter. China 3^x followed by the 30th had given marked relief when last seen.

ABSCESS OF ABDOMINAL WALLS.—A little girl of about seven years of age was brought to the Dispensary by her mother, who said that the child had hurt her foot a short time before, and since then had refused to walk. The child was thin and daily losing flesh and strength. She made no complaint whatever; no pain on handling the limbs. When placed on the floor she would drop down, as though the limbs

were powerless. Prescribed Sil. 30^x. A week later no change. Medicine repeated. In another week returned, and now a tumor showed itself, apparently in the abdominal walls, on the left side, in a line from the crest of the ilium to the linea alba. It was about the size of a small egg, very tender to the touch, hot, inflamed, and hard. Gave Bell. 30^x, and ordered a poultice to be used if no relief was obtained within twenty-four hours. Returned in a few days with abscess very much enlarged and fluctuating. Child weaker, and without any appetite. Lanced abscess, and a large quantity of pus and bloody matter was discharged. Gave Hepar sulph. 30^x, and ordered beef tea and milk in alternation at regular intervals. From this time she gradually improved, appetite returned, slept better, began to walk, and is now in a fair way to recover.

At the time of the first visit of the mother of the above patient, she mentioned that her little baby, who was about one year old, had been sick for a number of weeks with diarrhœa, and was wasting away rapidly. No relief being obtained under the treatment it was pursuing, she had brought her little girl to the Dispensary, not expecting to get medicine for the baby, supposing that it was only a question of a very little time with him. He had a ravenous appetite, but he was failing all the time, notwithstanding cod-liver oil, beef tea, milk, etc., were given. I gave her Iodine 6^x, and told her to bring him down. On her second visit she had the baby with her. He was certainly thin and weak, and cannot better be described than by the word "mummy." He was no better. His discharges were profuse, non-irritating, apparently painless, very offensive; no fever or other marked symptom. Child made very little complaint, and seemed perfectly passive, with the exception of an occasional very weak cry. Gave her Psor. 30^x. The next report gave the following: Bowels lighter in color, more of a yellowish cast, coming in spurts. Gave Gumm. gutti; a mistake, although apparently indicated. The child dropped back to its first condition. Psor. 30^x was again given, and a favorable change was again inaugurated. A crop of small boils appeared over the body, for which a few doses of Sulphur 30^x were given. This was mistake number two, since they were undoubtedly nature's efforts towards a cure. The child at this date eats well, digests its food; has about two passages a day, nearly natural; sleeps well. Although still thin, he is daily gaining strength, and beginning to amuse himself with his toys and surrounding objects.

[CAMPHOR IN YELLOW FEVER.]

To Dr. Conrad Messelhaft,

PRESIDENT OF THE HOMŒOPATHIC COMMISSION

FOR THE CURE

OF

THE YELLOW FEVER.

Sir: I have just read in the HAHNEMANNIAN MONTHLY Paper that Miss Elisabeth Thompson, moved by her great philanthropic spirit and love for suffering humanity, kindly requested the American Medical Society to study the **Yellow Fever**, in order to propose the best method of curing it. But that learned Body after all their endeavours and exertions, came to the very sad conclusion of being utterly unable to grapple with the fearful disease as well as to propose any suitable remedy, as a probable cure, adding in the meanwhile, that the mortality, during their experiments, had reached the average of 65 per cent!

It was after this first failure, that Miss Thompson thought it right to address herself to the American Homœopathic Institution for the same purpose, and found at last, that Homœopathy had immensely reduced the mortality, viz., to 6 or 10 per cent., the Institution proposing in the mean time the remedies by which Homœopathy had been so wonderfully successful in its attempt.

Now, Sir, I beg to propose you a fifth one, viz., Camphor, and I hope and expect that by the use in time of this very powerful remedy, better and greater results may be obtained in curing the **Yellow Fever**.

Just allow me, Sir, in the shortest possible way to explain to you the reason why I believe so.

I never had the opportunity of attending a case of Yellow Fever, but in carefully reading the description of it by *Dutroulan*, *Luis*, *le Roy*, *de Mericourt*, *Magalhães*, *Coutinho*, and *Saint Vel*, I find that ordinarily it is marked by two periods.

And although every epidemic presents such a great difference in its morbose form as to render it very difficult to make an exact exposition of its phenomena, yet most frequently the following symptoms are observed.

In the first Period

Intense cephalalgia—Sleeplessness—Injected and swollen red face—sparkling and tearful eyes—dry tongue with a white—grayish coat—violent thirst—nausea—Vomiting—complete anorexia—pains in the epigastrium—rare evacuations—Urine reddish, sometimes abundant—Anxiety of the præcordia—extreme agitation—shivering—Skin of the breast sometimes injected—Pulse hard, quick, full, regular—Limbs more or less painful in general, especially the back—Extreme weakness.

In the second Period

Decrease of cephalalgia—of all pains and of the injection of the eyes and Chest—Depression in the pulse which becomes small and slow—Jaundice in the skin and eyes—Black vomiting—Stool black, seldom liquid, bilious—Hemorrhage in several limbs, of the skin and mucosa—Increase of malaise and anxiety—Decrease of strength, algidity, suppression of urine—death in a few days and sometimes in the first day.

Now in looking over the *Materia Medica* of **Hahnemann** (1) that of **Dadea**, (2) **Espanet**, (3) **Teste**, (4) and **Hughes**, (5), I find that all these symptoms, but a few, are all produced by Camphor, as you, Sir, will easily perceive in the following extracts.

Cephalalgia. (Hahn. Dad. Esp. Hughes.)

Face—Swollen and red. (Hahn. Dad.)

Eyes—injected and tearful. (Hahn. Esp.)

Tongue—dry with a white—grayish coat. (Hahn. Dad.)

Stomach—Nausea and vomiting (Hahn. Dad. Esp.) Black vomiting. (Esp.)

Stool—black. (Hahn. Dad.) Black, seldom liquid, bilious. (Hahn. Dad.)

(1) Samuel Hahnemann—*Matière Medicale*, Paris 1834—Vol. 2. p. 30.

(2) Bernardino Dadéa—*Compendio di Materia Medica Pura*, Torino 1879—Vol. 1. p. 525.

(3) A. Espanet—*Traité de Matière Medicale*—Paris 1861—Vol. I. p. 263.

(4) A. Teste—*Systématisation pratique de Matière Medicale*, Paris 1853, Vol. I. p. 582.

(5) Dr. Richard Hughes—*Action des Medicamentes Homœopathiques*—traduit de l'Anglais et annoté—Paris 1874—Vol. I. p. 194.

Abdomen—Pains in the epigastrium, Hemorrhagy of the mucosa (Hahn. Esp. Dad.)

Heart—anxiety, great agitation. (Hahn. Dad. Esp.)

Sleep—sleeplessness—(Hahn. Dad. Esp.)

Complete anorexia (Dad.)

Drinking—Violent thirst.

Urine—reddish sometimes abundant.

Sensations—Shivering, malaise, weakness, extreme anxiety—Algidity, decrease of strength (Hahn. Dad. Esp.)

Skin—sometimes injected on the chest, jaundice, hemorrhagy (Hahn. Dad. Esp.)

Limbs—more or less intensely painful, especially in the back (Hahn. Dad. Esp.) hemorrhage of several limbs.

Eyes—jaundiced.

Urines—suppression of—(Hahn. Dad.)

Pulse—rather quick, full, regular, depressed, small, slow. (Hahn. Esp.)

The Immortal Hahnemann says, that Camphor is an *enigmatic* and a *wonderful remedy* in its ways of acting, and adds that it destroys the violent effect of a very great number of very different vegetable remedies as well as those of Cantharides, and of mineral and metallic substances.

The sublime genius of Samuel Hahnemann clearly saw, that Camphor exercises a **General Pathological action**, to which he dared not give any name, for it often works by virtue of primitive action, and sometimes like a mere palliative.

In this case he recommends to repeat every 5 minutes the small dose of one drop of the solution, and in more serious cases to repeat the same every 2 or 3 minutes—Lastly he assures us, that Camphor, in the case of the **Influenza**, (epidemic grippe) which comes from Siberia, acts like a **Palliative**, but as a **precious Palliative**, on account of its *shortening very much the course of the disease, carrying it without any danger towards its end*.

It seems therefore clear enough that the great genius of our immortal Master, and his highly inspired words, determine us, his followers, to acknowledge in Camphor its **Abortive Virtue**, and I should say almost its **Specific virtue**, in epidemic diseases.

Espanet also sees the same abortive power in Camphor, in cases of Cholera, of algid fevers, ataxic typhoids, pestilential fevers, the prodromes of which, represent the principal characteristics of Camphor. 'This remedy, he says, is very useful in such circumstances, although is not paid much attention to its

powerful action in preventing the development of great epidemics, stopping them at once, if at their very beginning they frequently administer to the patient some strong dose of the tincture.

It seems therefore to be a great mistake, not to pay any attention to the great service, which Camphor renders to science and Mankind in general. Teste also acknowledges in Camphor this **Abortive Virtue**, and assures us that the most important amongst its actions is the **prophylactic** of a great number of epidemic diseases, like *Scarlatina*, *Measles*, *Small-pox*, and *Plague*. He affirms that Camphor being the antidote of a very great number of vegetable, mineral and animal poisons, it would not be surprising in the least that it should act in the same way against epidemic miasmas. An hypothesis much the more to be admitted, because all have, no doubt, the same origin, and therefore an identical nature.

Hughes also confirms the same **Abortive Virtue** of the Camphor, in Grippe, and Cholera, provided it is administered at the very beginning of the disease. He tells us that Drs. Drysdale and Russell earned great praise in curing Cholera with Camphor, and he assures us that Dr. Russell is firmly convinced, that Camphor is almost an infallible remedy for that terrific disease, provided it is administered in the first moment of the incubus of the disease, viz., that Camphor by exciting the heart and the arteries, and by producing a reactive fever, would undoubtedly prevent the development of epidemic and contagious diseases, and cure them on their very first appearance.

I also am able to testify to the wonderful virtue of Camphor in curing Cholera.

In 703 cases attended by me, and my colleagues, with Camphor alone, only 2 died!—And why such an astonishing result, which amazed both physicians and sanitary committees? Because Camphor had been administered at the very first moment of the incubation of the disease, and at a rate of 5 drops of the solution (1) at intervals of 5 minutes, increasing it in bad cases from 10 to 30 drops every 5 minutes. (2) In two hours, generally, the hot fever of reaction used to produce very abundant perspiration, reappearing the secretion of urine, and consequently the complete and almost miraculous recovery of the patient.

(1) Viz. — equal parts in weight — a kil. of Camphor, diluted in a kil. of well purified Alcohol.

(2) See Statistics of Cholera, which I enclose.

Should it answer my purpose, I could add here the authority of many eminent allopathic writers, who attribute to Camphor specific **Abortive** and **Antiseptic** virtues, at the head of whom *Haller, Cullen, Hoffman, Murray* and others; but as only the great authority of Hahnemann and of his followers weighs with me, so I hope that it will produce the same effect on my eminent homœopathic colleagues of both Americas.

If Camphor, therefore, as affirmed by our immortal Master, and by many eminent followers of his doctrine, exercises an **Abortive Power** on epidemic and contagious diseases: if it has powerfully exercised it in the case of **Cholera**, I am almost sure that it will exercise the very same power on the **Yellow Fever** and on the **Plague**.

For this reason, therefore, may I ask you kindly to give the necessary instructions as to making experiments in administering the solution of Camphor at the very moment of the incubation of the disease, and I am sure that you, Sir, will obtain from the timely use of this great remedy, very favourable results in curing the Yellow Fever, as well as I did in curing Cholera.—Accept, Sir, my best respects and believe me,

Your very humble servant,

ROCCO RUBINI,

Homœopathic Doctor.

NAPLES, August 1879.

[We present above *verbatim* a reprint of a pamphlet just received from a distinguished physician of our school in Italy. Our readers will notice that an item in this journal instigated the doctor to write, issue, and circulate his important letter. We take great pleasure in presenting the reply sent to Dr. Rubini by Dr. C. Wesselhœft, who has been kind enough to send us a copy for publication.]

A REPLY TO AN OPEN LETTER OF DR. ROCCO RUBINI
TO DR. C. WESSELHÆFT.

BOSTON, October, 1879.

DOCTOR ROCCO RUBINI, Naples, Italy,

DEAR SIR,—You have honored the American Institute of Homeopathy through me, its humble servant, by your letter on yellow fever. Your suggestion, with regard to Camphor

as an appropriate remedy in so serious a disease, merits the attention of practitioners who, without doubt, have already resorted to that medicine.

To insure the widest circulation of your valuable opinion, I shall request the publication of your letter in the *HAHNEMANNIAN MONTHLY*, hoping that other periodicals will, out of courtesy to the author, no less than from a desire to benefit mankind, copy it, and thus assist in making it known to the physicians of the South and their patients.

At the meeting of the Institute to be held next June at Milwaukee, Wisconsin, the Bureau of Clinical Medicine will undoubtedly consider the subject of yellow fever and its remedies, and will not fail to take into consideration your advice and opinion as embodied in your letter.

With great respect, I have the honor to be,

Your obedient servant,

C. WESSELHCEFT, M.D.

CONDENSED MILK.

BY E. J. LEE, M.D.,

PHILADELPHIA, PA.

To the interesting discussion on the subject of condensed milk, written by Dr. J. C. Guernsey, and circulated in pamphlet form, I would like to add a word or two, for I think the doctor makes it appear too much a *universal* food for "bottle babies," whereas we all know how carefully we must select for each child. Thus one thrives best on cow's milk; another on cow's milk and barley-water; a third on condensed milk, etc.

In Ziemssen, vol. xviii, p. 107 (and again the *American Journal of Obstetrics* for July, 1879, p. 549), Dr. A. Jacobi, who has made infant hygiene a special study, writes as follows on this subject: "The method of preparing condensed milk with the admixture of such great quantities of sugar as to yield from 39 to 48 per cent. of sugar in its solid ingredients is a well-known process. With regard to this preparation, Kehrer says that when sufficiently diluted it readily induces the formation of lactic acid, and that delicate children will not thrive on it. In such cases he deems it necessary to add barley-water or oatmeal gruel as well as antacids.

"Fleischmann also accuses it of causing a predisposition to thrush and diarrhoea. He lays stress upon the fact that even

when it has been properly diluted, the proportion of the protein compounds to the carbohydrates is diminished, and thereby its nutritive value impaired.

"My own experience with condensed milk, which has been rather extensive, has led me to learn that when diluted simply with water, even though to the proper degree, it is apt to be followed by disagreeable results; although the influence of the large amount of sugar does not operate in the manner as above alleged. For the sugar which is added to condensed milk is not the easily decomposed milk-sugar.

"Yet catarrh of the stomach and bowels is a frequent result of its use. I have seen few children enjoy undisturbed health who were fed exclusively on condensed milk. Those, however, who take it mixed with a certain proportion of barley-water, either regularly, as I recommend, or in cases of temporary necessity, as advised by Kehrer, thrive quite well. I cannot say that I have been able to discover any material difference whether condensed milk or good ordinary city milk was given in this way. But it should not be forgotten that barley-water is a more desirable addition to the mixture than oatmeal gruel, because of the laxative effect which the latter may have. If the condensed milk be given in this way, we need not fear a repetition of Daly's experiences. He found that children took the condensed milk readily, and grew fat; but in case they fell sick they showed but slight endurance; they began to walk late; their fontanels were slow in closing, and other signs of rachitis showed themselves."

Here we have an authority, equally as great as Dr. Guernsey, who condemns, as warmly as he praises, condensed milk. It may be that he has not tried this particular brand, "Osprey," which Dr. Guernsey considers so good.

I cannot too highly recommend the excellent directions given, in this pamphlet, for the preparation of the food and care of the bottle, for their proper performance is of the utmost necessity.

CHOLERA IN JAPAN.

BY J. P. DAKE, A.M., M.D.,
NASHVILLE, TENN.

BELOW will be found the latest news from the cholera epidemic in Japan, taken from the *National Board of Health Bulletin* of October 11th, 1879:

"CHOLERA IN JAPAN.—Dr. D. B. Simmons, of Yokohama, writes as follows in regard to the present epidemic in Japan, under date of September 3d, 1879:

The epidemic of cholera has assumed considerable proportions, having reached 100,000 cases, with a mortality of about 50 per cent. The disease was imported from China during the summer of 1877, and in that year the number of cases was between 14,000 and 15,000, with an average mortality of about 50 per cent. Though nearly dying out in the winter, it reappeared the next year, but the cases were comparatively few. It lingered principally in Osaka. This year it began quite early in the season, and Hiogo has been the principal centre, from which the disease has spread over the whole empire. Within the last two months it has rapidly increased until it has reached the figures above given. Strenuous efforts have been made by the government to stop its progress, in every direction. A coast quarantine was established between here and Kobe and Osaka; but, unfortunately, the disease was brought here by two steamers, just before this measure was put in force. There is positive evidence that if these two steamers had not arrived, the disease would have at least been delayed more than a month. Hospitals are established in every part of the empire, and sanitary measures in accordance with modern scientific ideas are everywhere being carried out. Great trouble arises from the want of a proper supply of cheap disinfectants. Carbolic acid ranges from \$2.00 to \$2.50 per pound. I have strongly advised the use of Sulphurous acid, which was largely employed at Yokohama in 1877, under my instructions, and I am sure with good results.

The type of the disease is rather peculiar, so that some foreign physicians denied for some time that it was cholera. Vomiting and rice-water evacuations were not seen in more than half the cases, if in so many; the stools were often yellow, or green and slimy. I have seen a large number of cases, but most of them have passed into the stage of collapse. The diarrhoea in the fatal cases is not often severe, but suppression of urine comes on early, followed by death in from eight to twenty-four hours. I have used *Jaborandi* and *Pilocarpin* in many cases, and have brought on the secretion of urine frequently when the cases were not too far advanced. The reaction, when produced by these drugs, seemed less likely to be followed by secondary fever than when stimulants were used."

This report shows a continuance of the characteristics before noted, such as the yellow and greenish color of the dejections, the limited occurrence of vomiting, and the marked suppression of urine.

The rate of mortality seems to be somewhat lessened, going from 60 down to 50 per cent.

It is worth our while to note what is said of the distribution of the disease, and the efficiency of quarantine.

There can be no doubt of the line of human travel being the line of the epidemic progress.

In regard to treatment it is an interesting fact that, without recognizing the homœopathic law, some practitioners there have rendered obedience to it in the successful use of at least one remedy, *Jaborandi*.

Looking into Allen's *Encyclopedia* it will be seen that *Jaborandi* produces many of the characteristic symptoms belonging to the cholera in Japan, notably the *gushing, copious, yellow-*

ish, frequent stools, without pain and attended with great exhaustion; the lessened secretion of urine, primarily, etc.

How fortunate it would be, if they should only blunder upon some other homœopathic remedies such as *Camphor*, *Cuprum*, *Veratrum album*. I am sure the rate of mortality would go down more than 10 per cent.—more than 50 per cent.

How will we understand the meaning of the last remark of Dr. Simmons—"The reaction, when produced by these drugs, seemed less likely to be followed by secondary fever than when stimulants were used."

That is the kind of *reaction* produced by homœopathic remedies *always*.

Well, the world moves, but not quite fast enough to save the needless sacrifice of thousands of lives.

Nov. 12th, 1879.

THE following statement, regarding the cholera in Japan, has just come to hand, in the *National Board of Health Bulletin* of November 8th:

TOKEI, JAPAN.—United States Minister, Hon. John A. Bingham, sends the following communication to the Department of State, under date of September 13th:

By the published returns it appears that from the 22d of April to the 6th of September, 1879, there have been 126,145 cases of cholera, and 68,336 deaths; at this date 40,449 persons are reported as still suffering with the disease. Cholera never appeared in Japan before the year 1716, and it recurred in 1850, 1877, 1878, and 1879. The foreign traders here were therefore wrong in asserting that the disease was one originating in the country, occurring here every year, and in opposing and denying the authority of this government to establish a quarantine.

This country has never suffered so severely from any other disease as from Asiatic cholera on each occasion of its appearance. The opposition of the foreign traders to quarantine measures has been weakened by the recent death of six of their number in Yokohama, and by the fact that no foreigner attacked by the disease has survived. His Excellency, Mr. Ito, Minister of the Home Department, regards the pestilence as subsiding, and will furnish full returns concerning it.

Permit me to say, that your instructions of last year, approving my action at that time in asserting the right of this government to enforce a quarantine against the importation of this pestilence under our flag, have, I have reason to say, generally impressed the Emperor and people, and given them a new assurance of the good-will of our government.

SPIGELIA IN NEURALGIA.

BY S. W. S. DINSMORE, M.D.,

SHARPSBURG, PA.

MR. M., æt. thirty-eight years, German, presented himself in July, with the following history: About ten years ago he was struck over the left eye with a brick; at this time the scar is quite plain, with considerable depression over the supraorbital nerve. He has had at irregular intervals extreme pain over the site of the wound, and, to believe his statement, "has suffered much of many physicians." The pain at times was so severe that he feared he would lose his mind. He had never tried homœopathy. When he came to me it was at the recommendation of a friend.

The pain came about 10 A.M., and reached its height about 3 P.M., sharp and cutting, extending over the temples and forehead, with profuse flow of water from the eyes. He was better in a dark room, when quiet, and almost entirely relieved at night. I gave him Spig. 3d, on No. 60 pellets, one to be taken every two hours, beginning in the morning; it was evening when I first saw him. I never gave him any other medicine, and but this one prescription. The pain gradually diminished, and in three days was entirely gone, and he was able to work at his trade. Until the present time he has had no return of the trouble.

COLORED LIGHT IN ANIMAL LIFE.

SOME time ago, M. Bréclard made some experiments with different parts of the spectrum on the eggs of the fly (*Musca carnaria*), and found that they hatched much more quickly under the violet and blue rays than under the green. More extended investigations have been followed by M. Yung at the Zoological Laboratory at Roscoff, in Brittany. Three series of observations were made on the eggs of the frog (*Rana temporaria*), the trout (*Salmo trutta*), and the *Lymnaea stagnalis*. Other conditions being identical, the eggs were subjected, in separate portions, to different colored lights. One vase of each was kept in a dark cupboard. The conclusions, identical in each case, were as follows: 1. The different colored rays of solar light act in decidedly varied ways on the development of the eggs. 2. The violet light hastens the hatching in a remarkable manner, and is very closely followed in that respect by the blue,

then the yellow and the white. 3. The red and green rays appear injurious, in this sense, that under their influence complete development of the eggs was never obtained. 4. Darkness does not prevent the development, although it delays it considerably. 5. The various parts of the spectrum may be thus arranged, in their effect on development, in the following decreasing order: violet, blue, yellow, and white (the last two being almost identical), darkness, red, and green. 6. Tadpoles of the same size, and previously existing under precisely similar conditions, deprived of all nourishment, died much quicker of inanition in the violet and blue rays than the others, because they consumed more rapidly their accumulated alimentary stores. 7. The mortality appeared greater in the colored lights than in white. Further investigations will be made on the latter point.—*Ex.*

OUR ENGLISH LETTER.

EDITOR OF *HAHNEMANNIAN*: In Great Britain no man can receive a degree or diploma in medicine till he has been a *registered medical student* for four years. Before he can be registered as such he has to pass a preliminary examination in arts. Any of the preliminaries demanded by the various licensing bodies will admit a man to this register, but each licensing body fixes its own standard of preliminary knowledge before admitting a man to *its* degree. For example, the "Royal College of Surgeons of Edinburgh" and the "University of Edinburgh" are two distinct licensing bodies. Each has its own preliminary examination, and to have passed either will qualify a man to be registered. But the R. C. S. E. preliminary will not satisfy the authorities of the University; they require a man to pass one of higher standard before they will grant him their degrees.

The course of studies in British universities is something like the following:

First Summer.—Courses of fifty lectures each, Botany and Natural History.

First Winter.—Courses of one hundred lectures, Chemistry and Anatomy; Dissections and Hospital attendance.

Second Summer.—Practical Chemistry. (Botany and Natural History a second time if desired).

This is followed by the first professional examination in the autumn. Subjects: Botany, Chemistry, and Natural History.

Second Winter.—Physiology, Anatomy, Dissection, and dressing in the Surgical Wards of the Hospital.

Third Summer.—Dispensing and Practical Physiology.

Third Winter.—Materia Medica, Pathology, Surgery, and Clinical Surgery.

This is followed by the second professional examination in Anatomy, Physiology, Pathology, and Materia Medica.

Fourth Summer.—Medical Jurisprudence, Dispensary Practice, Clinical Lectures in Hospital and Clinical Clerkship in the Wards.

Fourth Winter.—Practice of Medicine, Midwifery, Practical Midwifery, Clinical Medicine, and Vaccination.

This is followed by the Final Professional Examination in Surgery, Medicine, Clinical Surgery, Clinical Medicine, Midwifery, and Medical Jurisprudence.

The examinations in all subjects are both oral and written.

The winter session occupies from five to six months, and the summer session three months. Many students, when they are not busy in the vacations with examinations and examination work, spend a good part of them doing practical work at home, either assisting friends in the profession or attending some hospitals or dispensaries.

This is a fair sketch of the course pursued in this country. Only the universities require the first professional subjects, Botany, Natural History, and Chemistry; the colleges do not ask for these, and in this respect their curriculum is different; in other respects it is much the same.

When a man has honestly gone through a course of this kind he is in possession of the means of making himself an efficient practitioner; and yet it is astonishing how many incapable men one meets. These are, as a rule, the men who, having gotten a degree, feel themselves fit for anything, and settle down to private practice as soon as possible. The better men feel that they have just set foot in a new country, with useful maps to guide them, but with an immense deal to find out that no maps can tell them, but only their own eyes, ears, or fingers. These, instead of seeking for a place to settle down in at once, continue their studies at other schools, at home or abroad, or take some appointment in an hospital, or on board ship. Three or four years are often spent in this manner before a man settles down to practice.

I have left very little space to speak of the Congress at Malvern. We were glad to see Dr. Pope amongst us again, looking well after your good treatment of him. The Congress

itself was a success, and thoroughly enjoyed by those who were fortunate enough to be present. Malvern is a beautiful little town, and its hill commands a magnificent stretch of country. The three cathedrals of Worcester, Gloucester, and Hereford can be seen from its summit.

The principal feature of the Congress was the President's (Dr. Richard Hughes) address on "Homœopathy, its Present State and Future Prospects." Whatever was thought of the view taken by Dr. Hughes in the matter, and opinion there was by no means unanimous, all were agreed that no finer address had ever been delivered by former occupants of the chair. Dr. Hughes dwelt on the anomalous position we occupy in this country as a sect in medicine, of our having been forced into it, of the disadvantages of it, and the desirableness of having it done away with. He looked for the greatest means of spreading a knowledge of our principles by our being taken back into the position we were compelled to leave in the body of the profession, retaining, of course, the full liberty of practicing as we think right. He pointed out, too, the different relations the two parties bear to each other now compared with that of some years ago.

This idea may sound strange to you and your colleges and universities, and your deep love for everything that will *act*, but we have a very different state of things here to contend with, and I am inclined to think that our President is right, and that it is in the way he has pointed out that most is to be looked for.

The school question was approached in committee on the point of the late proposal about recognition for the lectures. There is very strong feeling on the two sides, and we were at one time very near getting on dangerous ground, but under the President's skilful guidance the ship was steered clear of rocks and shallows into peaceful water.

The dinner was a success, and was enlivened this year by the presence of ladies, which is a new feature in Congress dinners, and a good one. The usual toasts were drunk, and none more heartily or more deservedly than that of the health of the President, who feelingly responded. Dr. Hughes filled his post perfectly and won all hearts. Dr. Yeldham is the President for next year.

Yours fraternally,

JOHN H. CLARKE, M.D.

IPSWICH, ENGLAND, November, 1879.

THE
H A H N E M A N N I A N
MONTHLY.

A HOMŒOPATHIC JOURNAL OF
MEDICINE AND SURGERY.

WM. H. WINSLOW, PH.D., M.D.,
EDITOR.

Vol. I.

Philadelphia, Pa., December, 1879

No. 12.

Editorial Department.

THE HAHNEMANNIAN MONTHLY closes its first volume, new series, or fourteenth volume proper with this number. Through the assistance of able writers from Maine to California, and of correspondents and friends abroad, we have been enabled to furnish the profession with a journal which will compare favorably with our contemporaries.

The profession have not only contributed liberally to our columns, but have extended our subscription list, so that the journal has actually been self-supporting the first year of its resuscitation—an extraordinary success when we consider the cloud under which it suspended.

This result is very gratifying to the editor, who has had the major part of the labor to perform; but it should be regarded as a triumph for our contributors and the whole school, because it proves that the latter is capable of doing excellent literary work, and of appreciating it when done.

To those who have aided us by papers, subscriptions, and kind words of advice and comfort, we extend our warmest thanks, and we hope, at the close of our next volume, to be able to chronicle an increase in all these favors.

EVERY one familiar with Hahnemann's writings knows that a great deal has been added to *his* homœopathy by modern

writers and teachers, and that the supplements have not always been conducive to its well-being. Indeed, Hahnemann himself has been outgeneralled by those anxious for fame, as inventors and discoverers of new collateral systems and strange methods of dynamization.

A strong determination exists among the educated believers in the law of similars to re-examine authorities, to eliminate errors, to overthrow empiricism, and to harmonize the principles of homœopathy with the progress which science has made in this brilliant nineteenth century. When personal interests suffer, private animosities are likely to arise, and personal interests must be disregarded in all questions pertaining to science and to the rational progress of homœopathy.

We are sorry to see so much personal feeling developed by those who champion opposite sides of questions at issue, for passion clouds the reason and makes the road to truth less direct. Writers should remember that neither side contains all the wisdom, and the right will ultimately triumph, as a retrospect of history will show.

There are many questions pertaining to symptomatology, posology, and therapeutics which require solution, and upon our best men devolves the duty of decision for the mass of the school, who have not the talent, time, nor inclination for such labor.

It is the province of the journals to present the latest phases of medical philosophy—the shifting of the sands of knowledge upon which, as appliers of an inexact science, we have built our hopes and faith. We have permitted a full and free discussion in our columns, believing that “hushing up” and attempting to smother the truth would only delay the day of salvation. A reference to our numbers will show impartiality in the selection of papers, and an agreeable variety, though the controversial articles occupy more space than we intend they shall in the future.

Our journals are such as the profession make them. If writers would only give us more of their experience at the bedside, and less of controversy and “original copy,” the vexing questions of dose would soon be settled, and we should all be happy.

IN our last issue we published the *schema* of Dr. Allen's proposed experiments, as called for by his challenge at Lake George. We have since learned that, after considerable shift-

ing about, a refusal to go on under the auspices of the Bureau of Materia Medica, Pharmacy, and Provings, a resort to the President elect of the Institute, and a return to the Bureau, he has *declined the test altogether*, for the present.

We heard the proposition before the Institute, at Lake George, as thrown into the scale against the views of those who believe there is no medicinal power in the sixtieth decimal dilution of a drug, and were gratified when informed that the chairman of the Bureau of Materia Medica had taken steps to secure the practical application of the test.

So much has been written against a similar test, proposed by Dr. Sherman and the Milwaukee Academy, by the advocates of high potencies, we thought, surely now their batteries will be silenced by this proposition from their own side, and we shall obtain some positive and, perhaps, conclusive proofs in regard to the thirtieth centesimal dilution.

It was hinted that Dr. Allen would not carry out his test, unless allowed to govern all the conditions, but when told by Dr. Dake, that arrangements were wellnigh complete for his experiments to begin, we had hoped that there would be a fair and square effort on the part of the challenger, to make good his offer to the Institute.

The inexact and random methods pursued by those who have made provings of the high potencies, with the wonderful credulity displayed, have failed to furnish convincing proofs of medicinal power; and hence the necessity of experiments like those proposed at Milwaukee and Lake George.

We have no measure of sympathy with men who assume the finality and perfection of the experiments hitherto made, either as to the pathogenetic power or the therapeutic efficacy of attenuations, which, according to all scientific data, cannot contain a single medicinal molecule in an ounce of menstruum. Affirmative clinical experience must be subjected to crucial tests before it can be accepted in preference to the multitude of scientific negations. Metaphysics cannot usurp the place of physics, and he who dwells in dreamland will some day awaken to realize that disease is a force generated by matter and must be conquered by matter.

Let us have more exact experiments and more conclusive results.

WE supposed the "Legion of Honor," a list of the members of which has been "thrown around loose," to embrace the purest of the pure Hahnemannians, but it seems to comprise

rather those physicians who subscribe to the *Anglo-American Organon*, to judge from recent additions to the onerary body. We know some of them to be as fickle as a Philadelphia schoolmaster, who always kept his position whether the school-board was Republican or Democratic. When interrogated about it, he said, "The school-board will have to be smart if it can change sides faster than I can."

THE *Organon* of the "Legion of Honor" overflows with courteousness in the October number, but satirically corrects the writings of everybody, including those of Samuel Potter and Aristophanes. In alluding to one of our editorial squibs, aimed at certain cliques and societies, which had sought to control the policy of the HAHNEMANNIAN, one of the editors, with his usual modesty, appropriates the whole article to himself. It is really refreshing that we should be thought guilty of expending so much space and ink upon so complaisant and innocent a member of society.

"BETTER be off with the old love before you are on with the new;" better pay up for last year before you incur another responsibility for our 1880 volume. An even year—a leap year—what an excellent time to make new resolutions and to subscribe for the HAHNEMANNIAN, so full of news, sense, and science. We think our readers don't care a snap whether we are an innocent babe or a hoary-headed sinner, provided we arrange the work of the profession in a readable shape; but some few others *are* interested about the matter.

The general impression has gone around that we were youthful, and several, with no respect for Young America, have denied us the right to express an opinion, forgetting 'that they are only children of a larger growth.' But "truth will out," and we have been denounced as "malacostomous" here in this land of dentists. Hereafter we shall not be coy about our age, but accept the verdict—toothless and decrepit.

Book Department.

We Dissert Books, not Authors.

YELLOW FEVER, A NAUTICAL DISEASE: ITS ORIGIN AND PREVENTION. By JOHN GAMGEE, M.D. D. Appleton & Co., New York. For sale by book-dealers generally. Price, \$1.50.

This is a well-written and well-printed book of 207 pages, a good addition to our yellow fever literature.

The author has become known to the American public through his communications to Congress and his other efforts in behalf of an experimental refrigerating ship, for the extermination of yellow fever upon the ocean. At the extra session of Congress, last spring, a bill was passed authorizing the expenditure of \$200,000 in carrying out the experimental measures proposed by him.

The book before us is dedicated, very properly, to MRS. ELIZABETH THOMPSON, whose name will long be dear to those who stand in dread of the scourge of the tropics.

The first chapter is devoted to proofs of the *nautical character* of yellow fever; and the second to *general* historical considerations, tending in the same direction. Chapter third gives *comparisons between yellow fever and other diseases*, such as relapsing, remittent, and other fevers. Chapter fourth displays the *developmental phenomena* of yellow fever, with some discussions of the germ theory. And chapter fifth deals with the *prevention* of yellow fever, advocating especially the use of refrigerating means.

We cannot, in the space allowed for a book notice, give the facts and arguments of the author, nor attempt to discuss their validity and conclusiveness.

To be appreciated the whole book must be carefully read.

But we must say, Dr. Gamgee's effort is one of more than ordinary merit and importance in view of our experiences in the South the past two years.

Whether the *causa essentialis*, in yellow fever, be chemical, cryptogamic, or bacterial, need not be settled before the adoption of measures found effective in its destruction.

If the application of air, at a low temperature, is sufficient to disinfect a vessel and cargo, there should be no hesitation

in the employment of the ice-making machinery already in successful use.

Our own Dr. James, of Philadelphia, has written well upon this subject.

Apparatus for the production and application of ozone should also be considered.

It has been thought by many that the occurrence of cases of yellow fever on board the Plymouth, after having wintered in Boston harbor, was an effectual disproof of the freezing-out theory. But it must be remembered that the application of a low temperature, destructive to green or moist germs, may have little effect upon the same when mature and in a dry state; also that the wintry air may not reach the bilge so well as artificially-driven cold air.

This book of Dr. Gamgee gives a large collection of facts of value to the student of yellow fever, and going far to sustain his recommendation.—J. P. D.

GOLD AS A REMEDY IN DISEASE. By J. C. BURNETT, M.D., F.R.G.S. Published by the London Homœopathic Publishing Company, 2 Finsbury Circus, London, England. For sale by Boericke & Tafel, Philadelphia and New York. A 24mo. of 156 pages, bound in cloth.

The bright gilt letters on the neat brown binding gives one the impression there is something valuable within. The clear type on gold-colored paper is read without wearying the eye.

The author gives the origin of the use of Gold in medicine; then an outline of its effects on the healthy subject, human and animal, and upon the unhealthy human subject; followed by notice of its clinical uses in various diseases.

He refers to the increased action and power of inert substances produced by dynamization.

We see that melancholia can be cured by Gold without the patient possessing any considerable amount of the metal. That it removes the ill-effects of Mercury, cures dropsy, syphilis, scrofula, angina pectoris, ophthalmia, etc.

Hahnemann made use of known remedies, but proved and administered them according to Similia, thus giving them a fixed place in the *Materia Medica*.

This remedy proven and used by him fifty years ago is now given under the same conditions by all homœopaths.

The book is an effort to attract more general attention to a valuable remedy. It is well written, contains valuable therapeutic hints, and will repay any one for a careful perusal—M. J. C.

ANALYSIS OF THE URINE WITH SPECIAL REFERENCE TO THE DISEASES OF THE GENITO-URINARY ORGANS. By K. B. HOFMANN, Professor in the University of Gratz, and R. ULTMANN, Docent in the University of Vienna. Translated by T. B. Brune, A.M., M.D., and H. H. Curtis, Ph.B. A 16mo., pp. 286. Cloth. Price, \$2.50. Published by D. Appleton & Co., 551 Broadway, New York City, 1879.

It was with real pleasure that we took up this new book upon a branch of medicine in which we have worked enough to know its difficulties. There has been a previous translation in Cincinnati, and some adverse criticism of this one, but there are no errors here, and the differences are only those of phraseology, not of facts; hence this work being better executed and illustrated we prefer it. We can echo the opinions of the preface that "we do not know of a single work in the English language where, in a concise form, so many valuable suggestions and practical hints are offered, both as regards analysis and diagnosis." The work is very popular in Germany and Austria, and has already been translated into four languages. The histology of the urinary organs, the excretion of urine, a description of normal and pathological urine, with the physical, chemical, and microscopical tests are fully given; then follows an enumeration and description of reagents and apparatus, the quantitative determination of all of the important constituents, and a key to the analysis of urine. There are some excellent remarks upon general diagnosis, followed by "diagnosis of the diseases of the urinary apparatus," a chapter of practical worth far beyond anything we have seen upon the subject. It is a summary of all the facts scattered through Roberts, Harley, and Tyson, and the latter book drew from this one many of its valuable data. There are sixteen colored lithographs of the various objects found in the sediments from urine, and recognized by the microscope, which much enhance the value of the work. It is no longer necessary to dig out the original text, for the translation has been well done, and the practising physician must have the book.

THE MULTUM IN PARVO REFERENCE AND DOSE BOOK. By G. H. LEONARD, A.M., M.D., Detroit, Michigan. 1879. A 32mo., cloth; pages 100; 23d thousand. Third Edition.

This is a little book which really contains a marvellous amount of knowledge for the busy doctor. Though designed

for old-school doctors, it has besides officinal names of medicines and the doses, incompatibles, poisons and antidotes, tests, obstetric data, and visceral locations and measurements.

HANDBUCH DER HOMŒOPATISCHEN ARZNEIWIRKUNGS-
LEHRE NACH DER VERHANDENEN QUELLEN BEAR-
BEITET. VON DR. MED. CARL HENIGKE, ARZT IN
LEIPZIG. Published by Dr. Willmar Schwabe, Leipzig,
1879.

Our German professional readers will be glad to learn that this work on materia medica has made its appearance.

It is a compilation of two hundred and fifteen remedies, is concise and practical, and no doubt stands in the same relation to our German friends over the water that Hering's *Condensed* does in America. The author has shown great skill and judgment in compiling and arranging so many reliable symptoms in a volume of 534 pages. The usual arrangement of the symptoms as adopted by other writers on materia medica seems to have been objectionable to the author, hence the anatomico-physiological schema found in this work. The name of the remedy is followed by: 1. The active principle; 2. Preparation; 3. Duration of action; 4. Antidote. This is followed by the general symptoms; mental condition; sleep; skin; subcellular tissue; muscular system; nervous system; brain and cranial nerves; organs of smell, hearing, sight; spinal nerves; organs of circulation; heart and bloodvessels; organs of respiration and digestion, including mouth, stomach, and intestinal canal; urinary and sexual organs; then application in disease. The following is the closing paragraph under *Carduus marianus*:

"To be considered in affections of the liver, with or without fever, with diarrhœa or constipation, in jaundice, painful enlargement of the liver, hepatic colic, ascites; empirically curative in cough with pain in sides, affections of the pleura and peritoneum, and in congestion of and hæmorrhage from the uterus."

In view of the discussion of the potency question and the Milwaukee Test, we here present the author's views as found in the introductory remarks.

Whether the arithmetic declares that, for instance, in the third centesimal potency the drug stands to the solvent as one to a million, or in the thirtieth centesimal potency as one to a decillion, there is nothing useful in the statement. When the question depends, divested of all theoretical and mathematical

speculations, upon the specific action of such preparations upon the diseased and healthy organism, the material for judging the action of properly prepared medicines is found only in experiments and observations. The quality of the attenuated and triturated medicine is the essential property upon which the specific action depends, and such as the homœopathic method of healing requires.

The quantitative relation of our preparations is a matter of secondary importance, as it is a rule of the homœopathic system, to give the smallest dose of the suitable remedy. Hahnemann found by experiments and observation, that the peculiar action of a specific is more readily developed when the remedy is given in an atomized form.

Theory and practice of homœopathy justify and demand the use of so-called potentized drugs. That the smallness of the dose and the subtlety of many of our preparations are opposed to our customary views of science and life must not lead us astray. We think of the old adage: "*Ars non habet osorem nisi ignorantum.*"

We recommend this volume to our German friends, feeling satisfied that they will advance their interests by carefully reading it.—C. P. Seip.

UNSERE HAUSTHIERE. HANDBUCH DER RATIONELLEN ZUCHT, ERNAHRUNG UND PFLEGE. VON DR. WILLIAM LÖBE, Redacteur der *Illustrierten Landwirthschaftlichen Zeitung*. Mit. 131 in den Textgedruckten Original Holzschnitten. Herausgegeben von Dr. Willmar Schwabe, Leipzig, 1880.

This book of 560 pages, printed in large clear type, is brim-full of valuable practical information on the breeding and raising of domestic animals. To those interested in stock farms, or in the improvement of horses, cattle, sheep, and poultry, we can recommend this work as being fully up to date in all that is worth knowing for stock-raising.—C. P. S.

THE HOMŒOPATHIC JOURNAL OF OBSTETRICS AND DISEASES OF WOMEN AND CHILDREN. Edited by HENRY MINTON, A.M., M.D. Published by A. L. Chatterton Publishing Company, 114 Nassau Street, New York City.

Another new journal appeals to the profession for liberal support. The first number appeared in August, and it will be issued quarterly, at \$4.00 a year, \$1.50 a single number. Its

title sufficiently indicates the branches of medicine to which it will be devoted. If it is so greatly needed as the editor thinks, we shall expect him to confine himself within bounds, and not range over the whole field of medicine and surgery, as some special journals do when short of copy.

This first number is a good one, and fairly fulfils the promises made, though a full page *carte de restaurant*, and the "aversions" and "desires" of an "Obstetric Mentor" are juiceless stuffing, not likely to make any one vertiginous at least. We hope the editor will maintain the high standard of literary merit with which he starts off, be successful in giving us a creditable journal, and get plenty of subscribers to make it pay him and his publishers. The school should have a journal of this kind, and we know no one more capable than Dr. Minton of making one a success.

STUDENT'S AID SERIES: AIDS TO ANATOMY; AIDS TO THERAPEUTICS AND MATERIA MEDICA; AIDS TO FORENSIC MEDICINE AND TOXICOLOGY. Pamphlets; pp. 64; paper, 25 cents; cloth, 50 cents. Written by experienced English teachers and authors. Published by G. P. Putnam's Sons, 182 Fifth Avenue, New York City, 1879.

This series, of which the first three numbers have been received, promises to be a valuable one. Each book is a miniature encyclopædia of the branch upon which it treats, and the weary student and wearier doctor may glean the important facts of science, with the least expenditure of eyesight and time. We commend them to the profession.

STUDENT'S POCKET MEDICAL LEXICON. A 32mo.; pp. 306; cloth; price, \$1.00. By ELIAS LONGLEY, Cincinnati, O. Published by Lindsay & Blakiston, Philadelphia, Pa., 1879.

We think there is more useful knowledge in this pocket-book dictionary than in many more pretentious ones. It is compiled from the larger works of Thomas and Dunglison, and contains the newest words of our ever-shifting and increasing nomenclature. We find *Apis* and *Pulsatilla*, *Amnesia* and *Pulsus cordis* accurately defined, and these, taken at random, indicate how thoroughly the work has been done. An especially valuable feature of this student's vade-mecum is the phonetic spelling after each word. Thus, *phthisical* is followed by *tiz-i-kal*, *chrysophanic* by *kris-o-fan-ik*, and *gynæcology* by *jîn-i-kol-o-ji*. It is unnecessary to allude to the great use this may be to those who have had a deficient general education. It makes the work indispensable.

Cleanings.

RESOLUTIONS UPON THE DEATH OF DR. C. J. HEMPEL.—At the October meeting of the Clinical Society of the Hahnemann Hospital of Chicago, held in the Hahnemann Medical College, the following resolutions proposed by Dr. R. Lüdlam were unanimously adopted :

Whereas, We are called upon to mourn the death of our worthy and learned friend, Professor Charles Julius Hempel, M.D.,

Resolved, That while we bow with resignation to the inevitable decree of an all-wise Providence, it is

Resolved, That we most earnestly bear witness to the fact that from the date of his arrival in America in 1835, until his death on the 24th of September, 1879, his course of life, his habits of study and application, his fervency of spirit, his earnestness of purpose, his professional enthusiasm, his zeal, character, culture, and courage, were of the most remarkable kind, and worthy of emulation by all who have known him or heard of him, and be it

Resolved, That we recognize that his assiduous and very remarkable labors have been and will always be of incalculable advantage in spreading the truths and literature of homeopathy wherever the English language is spoken, and that we and all American physicians especially, are under a lasting obligation for his incessant and painstaking toil in our behalf.

Resolved, also, That we extend to his bereaved and beloved wife our most heartfelt assurance of sympathy and condolence, and that a copy of these resolutions be presented to her.

In behalf of the Clinical Society,

E. S. BAILEY, M.D.,

General Secretary.

TREATMENT OF THE DROWNED ; TWO THINGS TO BE DONE ; RESTORE BREATHING : RESTORE ANIMAL HEAT.—RULE 1.—*Remove all obstructions to breathing.* Instantly loosen or cut apart all neck and waist bands ; turn the patient on his face with the head down hill ; stand astride the hips, with your face towards his head, and, locking your fingers together under his belly, raise the body as high as you can without lifting the forehead off the ground, and give the body a smart jerk to remove mucus from the throat and water from the windpipe ; hold the body suspended long enough to slowly count ONE, TWO, THREE, FOUR, FIVE, repeating the jerk more gently two or three times.

RULE 2.—Place the patient face downward, and maintaining all the while your position astride the body, grasp the points of the shoulders by the clothing, or, if the body is naked, thrust your fingers into the armpits, clasping your thumbs over the points of the shoulders, and *raise the chest as high as you can* without lifting the head quite off the ground, and hold it long enough to *slowly* count ONE, TWO, THREE. Replace him on the ground, with his forehead on his flexed arm, the neck straightened out, and the mouth and nose free. Place your elbows against your knees and your hands upon the sides of his chest *over the lower ribs, and press downward and inward with increasing force* long enough to slowly count ONE,

two. Then suddenly let go, grasp the shoulders as before, and raise the chest; then press upon the ribs, etc. These alternate movements should be repeated ten to fifteen times a minute for an hour at least, unless breathing is restored sooner. Use the same regularity as in natural breathing.

RULE 3.—After breathing has commenced **RESTORE THE ANIMAL HEAT.** Wrap him in warm blankets, apply bottles of hot water, hot bricks, or anything to restore heat. *Warm the head nearly as fast as the body, lest convulsions come on.* Rubbing the body with warm cloths or the hand and slapping the fleshy parts, may assist to restore warmth and the breathing also. If the patient can **SURELY** swallow, give hot coffee, tea, milk, or a little hot sling. Give spirits sparingly, lest they produce depression. Place the patient in a warm bed and give him plenty of fresh air; keep him quiet.

BEWARE! AVOID DELAY. A MOMENT may turn the scale for life or death. Dry ground, shelter, warmth, stimulants, etc., at this moment are nothing. **ARTIFICIAL BREATHING IS EVERYTHING**,—is the **ONE REMEDY**,—all others are secondary.

Do not stop to remove wet clothing before efforts are made to restore breathing. Precious time is wasted and the patient may be fatally chilled by the exposure of the naked body even in the summer. Give all your attention and effort to restore breathing by forcing air into and out of the lungs. If the breathing has just ceased, a smart slap on the face or a vigorous twist of the hair will sometimes start it again, and may be tried incidentally, as may, also, pressing the finger upon the root of the tongue.

Before natural breathing is fully restored, do not let the patient lie on his back unless some person holds the tongue forward. The tongue by falling back, may close the windpipe and cause fatal choking.

If several persons are present, one may hold the head steady, keeping the neck nearly straight; others may remove wet clothing, replacing at once clothing which is dry and warm; they may also chafe the limbs and thus promote the circulation.

Prevent friends from crowding around the patient and excluding fresh air; also from trying to give stimulants before the patient can swallow. The first causes suffocation; the second, fatal choking.

DO NOT GIVE UP TOO SOON. You are working for life. Any time within two hours you may be on the very threshold of success without there being any sign of it.

In suffocation by smoke or any poisonous gas, as also by hanging, proceed the same as for drowning, omitting effort to expel water, etc., from the windpipe.

In suspended breathing from effects of Chloroform, Hydrate of chloral etc., proceed by Rule 2, taking especial pains to keep the head very low, and preventing closure of the windpipe by the tongue falling back.—*Etc.*

BRAIN WORK AND BRAIN DEVELOPMENT.—According to the *Gazette des Hôpitaux*, MM. Lacassagne and Cliquet have examined by the aid of the *conformateur*, the heads of one hundred and ninety doctors of medicine, one hundred and thirty-three rudimentarily

educated, ninety illiterate, and ninety-one prisoner soldiers, with the following results :

Diameters.	Doctors.	Soldiers.		
		Educated.	Uneducated.	Prisoners.
Longitudinal, . . .	85.29	81.97	79.13	81.10
Frontal, . . .	48.91	43.65	42.35	41.12
Parietal, . . .	52.58	49.66	50.27	49.90

There is thus a considerable difference in favor of the doctors, and this is especially marked in the frontal measurements. Moreover, the two sides of the head are not symmetrical ; in the educated the frontal region is more developed to the left ; in the uneducated the occipital region is more developed to the right. The head is larger (more developed) in the case of the educated than in those of inactive intelligence. Among the educated the frontal region is more developed in proportion than the occipital ; and if the difference is greater in the occipital it is very trifling, while among the illiterate it is considerable.—*Ecc.*

PENNSYLVANIA HOMŒOPATHIC MEDICAL SOCIETY. REPORT OF THE COMMITTEE ON LEGISLATION (Extract from the Transactions of September 2d and 3d, 1879).—The Committee on Legislation would respectfully offer the following for your consideration :

1st. The Department of the Interior at Washington, through Hon. Francis A. Walker, Superintendent of the Census, has issued a circular containing the following request :

"Each physician and surgeon throughout the United States is therefore asked to preserve a record for the use of the census officer, of all DEATHS occurring in his practice during the year beginning June 1st, 1879, and ending May 31st, 1880."

Accompanying this circular are blank forms for the use of physicians, with stamped envelopes to facilitate their return. These are freely furnished to physicians whose addresses are in the possession of the Superintendent. Your committee recommend the adoption of the following :

Recognizing the value of vital statistics, and in compliance with the request of the Superintendent of the Census, Hon. Francis A. Walker, the Homœopathic Medical Society of Pennsylvania earnestly requests its membership and other members of the profession, to furnish the desired information in regard to the deaths occurring in their respective practices.

Resolved, That a transcript of this action be sent to the Superintendent of the Census, and be forwarded to our journals at once.

2d. Many States of the Union have already established boards of health ; some of them worthy of confidence and support, others manifestly organized with an unjust bias against our school.

In this State several efforts have been made to create a board of health ; all of them have failed for various reasons.

We are informed by members of the Legislature that in organizations so far as reported, there appeared a disposition to discriminate against our school.

Your committee is of the opinion that a properly constituted board of health, embodying a correct system of sanitary supervision, would accrue to the advantage of the citizens of this commonwealth, and would suggest that the Committee on Legislation

be instructed to further the passage of a bill creating a properly constituted board of health.

3d. Efforts have been made also to pass a bill to regulate medical practice and to suppress quackery. One of these was prepared by this Society two years ago. Others have been prepared by the allopathic and eclectic societies. All have contained objectionable features, in the judgment of our legislators, and have failed.

Your committee requests that it be instructed to favor the passage of a properly constructed medical bill.

4th. With respect to a representation (medically) in our public institutions, your committee would report that thus far the claims of homœopathy have been ignored in the hospitals and asylums sustained by the State.

There have been some assurances, however, from influential men, that the claims of our school shall not be ignored.

The committee would request that members of the Society bring this matter to the attention of members of the Legislature in their districts.

THE NEW BABY.—

Muzzer's bought a baby,
 Ittle bits of zing ;
 Zink I mos could put him
 Froo my rubber ring.
 Ain't he awful ugly ?
 Ain't he awful pink ?
 Just come down from heaven ?
 Dat's a fib, I zink.
 Doctor told anuzzer
 Great big awful lie ;
 Noze ain't out of joyent,
 Dat ain't why I cry.
 Zink I ought to love him,
 No I won't—so zere ;
 Nassy, crying baby,
 Ain't got any hair.
 Send me off wiz Biddy,
 Every single day ;
 "Be a good boy, Charlie,
 Run away and play."
 Dot all my nice kisses,
 Dot my place in bed ;
 Mean to take my drumstick
 And beat him on ze head.

NEW SYMPTOM OF LYCOPODIUM.—Dr. Loosvelt gives a half-open condition of the eyelids during sleep as a very important guide for the use of Lycopodium. This condition occurs at times, with prostration of strength and convulsive contractions of the muscles of the eye, face, and limbs in meningitis and in hydrocephalus, which are frequent sequelæ of several grave diseases. Constipation is frequently present as a concomitant symptom.—*Ecc.*

THE DEFINITION OF A TEAR.—The Rev. De Witt Talmage, speaking of a tear, says: "It is agony in solution."—*Ecc.*

ENTERPRISE EXTRAORDINARY.—In our last number will be found a note on *Gallium*, a newly-discovered and curious metal, evolved from those indeterminate and rare elements which are found among platinum ores. Hardly enough of it has yet been isolated for the experiments of the French scientists; in all probability not a grain could be purchased in America, but we find already that Dr. E. M. Hale, the indefatigable new remedy man, is recommending it dissolved in glycerin as a topical application in diphtheria.—V. S. S.

DR. R. E. DUDGEON, OF LONDON, desires us to state that there is no Dr. Dugan in the British Homœopathic Society; that Dugan is evidently intended for Dudgeon; that neither he (Dr. Dudgeon) nor any one else made any remark upon the treatment of *soft chancre*, attributed to Dr. Dugan,—hard chancre only being considered,—and that he (Dr. Dudgeon) had the honor of being elected President of the Society to succeed Dr. Quin, deceased, instead of the mysterious Dr. Dugan, as stated in "Our English Letter" for October. We regret the errors and hope all our readers will mark their copies. Our correspondent will probably explain the error of fact, while we shoulder the responsibility of mistakes in proof-reading.

THE WORLD'S HOMŒOPATHIC CONGRESS OF 1876.—Proceedings are approaching completion, as are the Transactions of the American Institute for 1879. We hope to chronicle their arrival soon.

YELLOW JACK has gone into winter quarters, owing to the advances of Jack Frost and Boreas.

THREE PRINCES OF SCIENCE meet in consultation to pass upon the puzzling case of their distinguished patient, General X.

"Well, Thomas," says the General to his faithful valet, when the doctors have gone, "what did they decide upon? Tell me the truth, now."

"Well, General, each one of them had a different opinion, and that stout, good-humored gentleman with the ribbon in his button-hole, said they must have patience a little while longer; the autopsy, whoever he is, would be able to set them all right."—*Ecc.*

DOUBTFUL Dr. L— is cautiously treating a sick man concerning the nature of whose disease he is quite in the dark.

"Well," he says to the nurse, on making his usual morning visit, "how do we find ourselves to-day? Did he sleep well? Did the medicine act?"

"Yes, sir, he slept, but I left the gas burning, turned down very low."

"Ah, he slept well, did he? I thought he would. And you left the gas burning—turned down low? Very good, very good; all is going very nicely." And he takes his hat.

"What, Doctor! Have you no instructions, no prescriptions, nothing?"

The Doctor (sagely, and after mature deliberation)—"Yes; keep the gas burning, turned down very low."—*Ecc.*

MARRIED.—On the 21st of August, at St. Louis, Mo., Dr. Philo G. Valentine and Miss Clara Virginia Dodge. We present felicitations. We understand now the prolonged editorial jaunt, and the dilapidated condition of the *Review* for the last three months.

DR. S. H. QUINT, a homœopath of Camden County, N. J., who was appointed Superintendent of the Insane Asylum for that county, some months back, has been dismissed and an old-school doctor appointed to fill the position. A patient had fits at the rate of one thousand in six weeks, and they could not be controlled nor cured by the law of similars, but were promptly arrested by ice to the spine and chloroform inhalations. An old-school writer says: "The mistake in Camden County gave the regular profession much embarrassment, and it is very important for all county and State medical societies throughout the country to be on their guard, so as to appoint a committee from the medical society to co-operate with the county officers in such matters." We should like to hear Dr. Quint's account of his dethronement.

HOMŒOPATHY IN EUROPE is a pamphlet reprint of Dr. C. Neidhard's excellent article in the *North American Journal of Homœopathy*. It is well worth reading by all practitioners.

PROFESSOR J. EDWARDS SMITH, of Cleveland, furnishes each member of the class at the college with lithograms and electrical pen-prints of histological elements, tissues, and tables just before each lecture, so that the eye may be educated as the ear is tickled and the brain stored with knowledge. This is an excellent plan and should be adopted by other colleges.

DR. W. L. BREYFOGLE, of Louisville, Ky., is strongly indorsed for the position of member of the Kentucky Board of Health.

DR. J. W. DOWLING, of New York city, will hereafter devote his attention to diseases of the chest as a specialty.

DRS. W. H. HAWKES, of Chicago, and W. Eggert, of Indianapolis, deny that they ever applied for pellets in order to assist the "Milwaukee Test."

THE IOWA UNIVERSITY, Hom. Dept., starts off with forty-one students this year against sixteen last.

PHYSIOLOGICAL ANTAGONISM THE THERAPEUTIC LAW OF CURE is the title of a pamphlet by E. B. Ward, M.D., of Detroit, Mich. It is well written and ingenious, and if the author continues his reflections upon the collision of disease and medicinal atoms, his school will have to lament another backslide into homœopathy.

THE HOSPITAL GAZETTE is the title of a good "weekly journal of medicine, surgery, and the collateral sciences," which is published in New York, edited by E. J. Bermingham, A.M., M.D. If the doctor will give us hospital work and leave out the long-winded, spun-out lectures of the schools, he will confer a favor on readers of journals and have a brilliant success. The make-up of the Nov. 15th number is excellent.

DR. SAMUEL F. SHANNON, of Sewickley, Pa., sailed for Europe November 9th, 1879, in order to perfect his education at the Lon-

don School of Homœopathy and in the hospitals of the great metropolis.

THE TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA are ready for distribution. Members entitled to them may address Dr. R. E. Caruthers, Allegheny City, Pa.

PRECAUTIONS AFTER YELLOW FEVER.—1. A fall of temperature to the freezing-point renders it safe for persons to visit places which have been dangerously infected with yellow fever; but it is to be remembered that cold cannot disinfect places or things in any way protected from its action.

2. Therefore, persons who have been absent from places infected with yellow fever during the past summer should be warned of the danger of occupying houses before they have been thoroughly cleansed, ventilated, fumigated, and chilled. The doors and windows should be opened, and all parts of the house exposed when the thermometer indicates the lowest degree of temperature. In other words, between sundown and sunrise. Fires should only be lighted a few hours before occupancy.

3. The measures of cleansing, disinfection, exposure to cold and air should include, as far as possible, closets, presses, cellars, shut places of every description, and boxes or trunks.

4. Privies, dry wells, and cisterns, should be emptied and cleansed.

5. All bedding, clothing, textile fabrics of all descriptions, or other material capable of shielding the infection from cold or from the air, should be disinfected by heat, either moist or dry, or by exposure to the atmosphere at low temperature.

6. These measures should be begun as long as possible before the return of absentees or visits by unprotected persons.

7. Persons returning to places which have been dangerously infected should exercise care in purchasing bedding or ready-made clothing without being assured that it has been properly disinfected.

—*N. B. H. Bulletin.*

HETEROPHEMY.—Another coined word of Richard Grant White's, equivalent to amnesic aphasia.

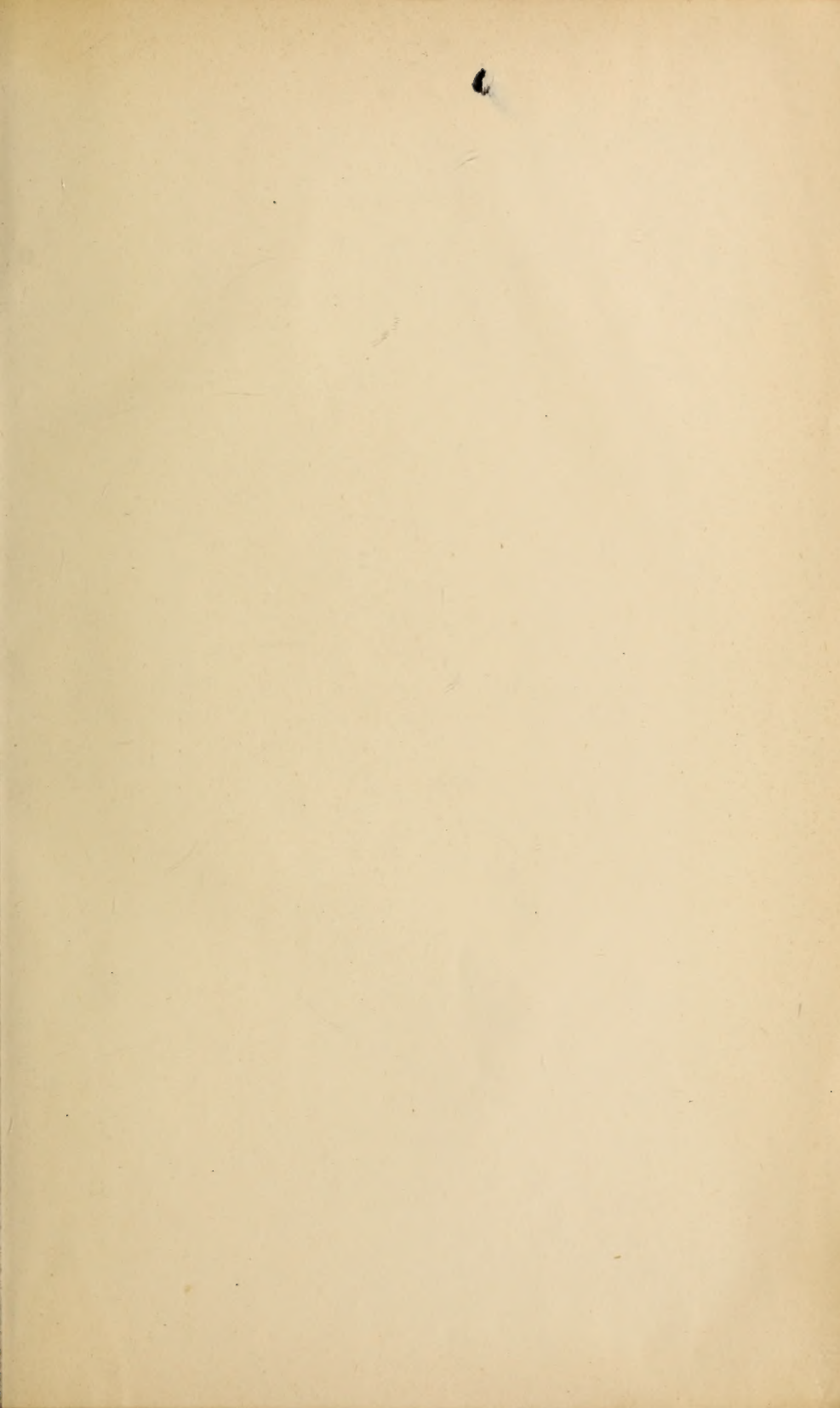
DR. EUGENE R. CORSON, of Ithaca, N. Y., we are delighted to learn, has much improved in health, and has located for the winter at Savannah, Ga.

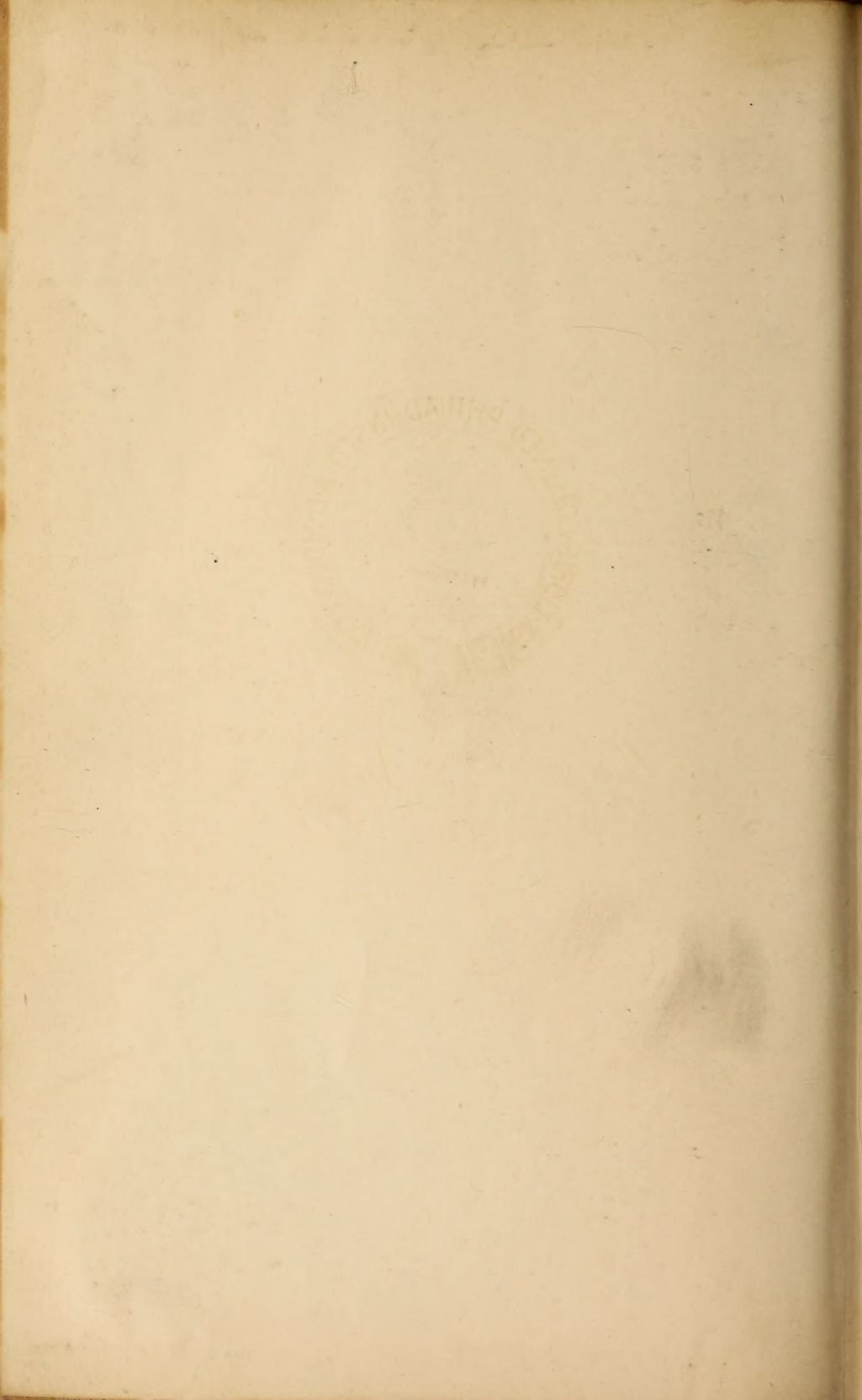
ALL the colleges are in full blast, and never had larger classes. The "boom" in commerce seems to have extended to professional affairs.

OUR pigeon-holes are full of excellent original articles for Happy New Year. We have squeezed all we possibly could into this number, and can't find space to answer the Microcith.

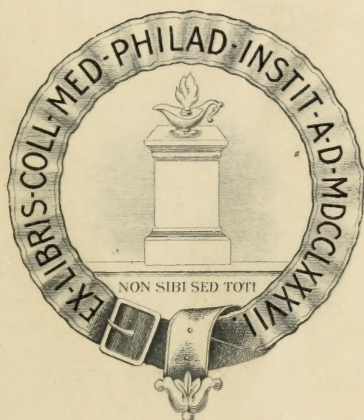
"FROM life to consciousness, the chasm
Cannot be bridged by protoplasm;
All flesh is grass, but Chlorophyl
Can all man's duties not fulfil."—*Exc.*







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